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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ()1625

									7.	
1. PLACE OF DEATH a. COUNTY		anda]			a. STATE		eased lived, If Inst b. COUNT	Υ		
b. CITY OR TOW	Anne Art N (if outside corpora and give nearest tow		MARYLAI		ITY OR TOWN (aryland If outside corr	orate limits, writ		Aruno nd give nea	
write RURAL	and give nearest tow apolis	/n)	32 days			L - Pasa			4	1
		ON (if not in h	nospital, give street addi	ress) d.	STREET ADDRES					RESIDENCE A FARM?
Anne Arun	del Genera	l Hospi	ital	1	2t-1, Box	x →113B				NO [
3. NAME OF DECEASED		rst	Middle		Last	4. DATE	Month			Year
(Type or print)	Geor		Leroy		LISON	DEATH	T COT WAT			9 66
5. SEX	White	7. MARRIED WIDOWED	NEVER MARRIED		il 13,		AGE (In years I last birthday) 71 yrs.	f UNDER 1 \ Months D	YEAR IF UN	
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b. k	(IND OF BUSINESS OR				or foreign country)	12. CITI	ZEN OF WH	IAT
Machin:	ng life, even If retire		etired		Baltimo	re. Ma	arvland	U.	NTRY?	
13. FATHER'S NAM					MOTHER'S MA		- V			
Denna	ard S. W.	Alli	son		Mary	Imhoff				
15. WAS DECEASED E	VER IN U.S. ARMED FO (If yes give war or dates of	RCES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Address			
No	(IT yes give was or dates of		5-10-0818	LeR	oy M. A	llisor	1, Sr.; 8	ame	as 2	
18. CAUSE OF I	DEATH [Enter only on	e cause per	line for (a), (b), and (c).]	0					INTERVAL	
PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	ia mas	sine Cerebr	al K	emerch	age			Suda	
3314	DUE		1 1 0 -		. ,	1				
Cenditions, If	any, which }	(b) Cere	bral arter	ivoc	lerosis	<u></u>		Len	know	n
gave rise to cause (a), st	mar. P	TO 9	0 10	7		,			1	
underlying cause		(c) Len	eralized U	Men	scent	us		Lar	Munon	m
PART II. OTHER S	IGNIFICANT CONDITION		0 7- 4	RELATED	4	L DISEASE CONI	DITION GIVEN IN P	ART 1(a)		AUTOPSY ORMED?
2 mond			Ishmalic	. 022	nchiti				YES [NOXX
	WAS UNDERLYING THE CAUSE OF DEATH MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY	OCCURREE	. (Enter nature	of Injury In Pa	rt I or Part II of	Item 18.)		
	NJURY Month, Day,		NJURY OCCURRED 20e	PLACE O	INJURY (Home, reet, office bldg.,	farm, 20f. (City or town)	(Count	(y)	(State)
Hour a,m		While at wor	MOT ATTILL	1401013, 31	ceri om con aga	010.7				
21. I certify	y that (I) (t btschoo c		led the deceased from		,	19, to_	Feb. 9	, 19.66	_, that (I)	Count last
	eased alive on	Feb. 9	9 19 66, and	that dea			m the causes a	nd on the	date stat	ed above.
22a SIGNATUR	E PILL	10		Δ	TENDING TO	S PM MED	STAFF	22b. DAT		
22c, PHYSICIA	Januafo	ry h		M.D. P	HYS. X	DIRECTOR	PHYS.	2-1	0-66	
NAME (Ty	- 1	Lankfor	rd, Jr. M.D.			ntain Re	oad, Pasa	dena,	Md.	
23a. BURIAL, CREM.	ATION, 23b. DATE	THEREOF	23c. NAME OF CEME	ETERY OR	REMATORY	23d. LO	CATION (City, tov	vn or coun	ty)	(State)
Burial Spe		66	Woodlawn	Cem	etery	Ba	ltimore	Md.		
24. FUNERAL DIREC		70	ADDRESS				STRAR 25b. REG			
Kirkle;	y Funeral	. Home	, Glen Bur	nie,	MCL . DATE	B 14 19	956 gcc	iarles	Jung	-

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00 L 9 YE	ender i Tiv	J. TORTAIN	terni		Seorge	
	I,	April 13, 1894				o Call
W.5 . E.U.		, ~~~				
	To J. Pro	noi vii		age that		
1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						ON
Marie Land						
300	4	Transport	. 63	7 do	eccix	
.65 pro: 55	e , base				Arthur Li	

e. IS RESIDENCE

Day

Davs

12. CITIZEN OF WHAT COUNTRY?

19.

(County)

25b. REGISTRAR'S SIGNATURE

REC'D BY REGISTRAR

1966

25a/

YES

Months

ON A FARM?

Year

19

Hours

MITERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED? NO T

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22. DATE SIGNED

(State)

(State)

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DIRECTOR

4.62 STEN SUITER Land - A second of the second of the 17.010 2011.10 Harry Harris Regions Centracted Section Section Section Hermore Healt THE MENT I HAVE SHEET SHEET IN THE MENTER IN The four williams from Eggs 5 on that weether Buston Williams The

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	FICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
01680	CERTIFICATE OF DEATH	01627

	01000	CERTIFICATI	E UF DEATH	1)1(141
1.4	PLACE OF DEATH a. CDUNTY A ROLL AS AMME A WUL	udel MARYLAND	a STATE JOHNOON	b. SOUNTY	rundel
	Annapolis	LENGTH OF STAY IN 1b	c. CITY OR TOWN of butsic	Mountain Road	and give nearest town) -R(D*/)
6	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tal, give street address)	d. STREET ADDRESS	12-16m Bur	e. IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print) Estelle Carr	Middle		DATE Month DF DEATH 2	Day Year 1966
5.	SEX 6. COLDR OR RACE 7. MARRIED WIDDWED [NEVER MARRIED DIVORCED	Tan 15, 1898	9. AGE (In years IF UNDER 1 last birthday) Months I	YEAR IF UNDER 24 HRS. Days Hours Min.
dur	Ing most of working life, even if retired) Savet	DF BUSINESS DR STRY ASSOC,	11. BIRTHPLACE (County &		UNTRY?
1	Jury arnold		14. MDTHER'S MAIDEN NA	M- Efelps	Jan 6.
(Ye	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDC s.ng, or unkown) (If yes give war or dates of service)	TAL SECURITY ND. 17.	· Edna M. Li	nthrum ishister	Ster Caty
	18. CAUSE DF DEATH [Enter only one cause per line f	or (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ERPAL T	HEam 30315		DISET AND DEATH
	552Y	1	or contractions		
	Conditions, If any, which				
	gave rise to immediate				
	cause (a), stating the DUE TD				
z	underlying cause last. (c)				
음	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TD DEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
ICA	ARTERIOSELEROTIC	HEART	DISEASE		YES ND
CERTIFICATION		RIBE HOW INJURY OCCU	RRED. (Enter nature of injury	In Part I or Part II of Item 18.)	
Ä	20c. TIME DF INJURY Month, Day, Year 20d. INJUR	Y DCCURRED 2De. PLAC	CE DF INJURY (Home, farm,	20f. (City or town) (Coun	ty) (State)
MEDICAL	Hour a.m. While	MOL MUHE [ry, street, office bldg., etc.)		
Σ	p.m. 19 at work	at work	C-113 . 16	- 2/12	
	21. I certify that (I) (this hospital) attended t		8// 1965		that (I) (we) last
	saw the deceased alive on	1926_, and that	death occurred at att	M, from the causes and on the	
	22a. SIGNATURE		ATTENDING MED.	STAFF 22b. DA	TE SIGNED
	Allar Athere	M.D.	PHYS. DIRECT	IDR PHYS.	
	PHYSICIAN'S NAME (Type) Dr. Edward S. Be	ck	73 Frankl:	in St., Annapolis	, Md.
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23 REMOVAL (Specify) Faller 21,1966	Cadas Hi	DR CREMATORY 230	Bunkley (R.	EB) 911 1
74	Variable Singleton	ADDRESS / Hor	25a. REC'D BY FEB 1	REGISTRAR 250 REGISTRAR'S	

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VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF DEATH

01001	CERTIFICATI	E UF DEATH		011628
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (V	Where deceased lived, If instituti	ion: Residence before admission)
Hnne Hondel	MARYLAND	1/aryla	ind Anne	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	ide corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	tal glue street address)	d. STREET ADDRESS	-P0113) l e. IS RESIDENCE
303 Farragut Rd.	iai, give street address)	2 10	irragut Ro	ON A FARM?
3. NAME OF OECEASEO FIrst Firs	Middle At	Last 4.	OATE Mooth OF CEATH Feb.	Day Year
	NEVER MARRIEO	B. DATE OF BIRTH	19. AGE (In years IFUI	1966 NOER 1 YEAR IF UNDER 24 HRS.
Female White WIOOWED	DIVORCEO	Feb. 28, 189,	last buthday) Mon	ths Days Hours Min.
	OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country) 1	2. CITIZEN OF WHAT
Housewite / Hoi	me	VIrgin	112	USH
Joseph Rosati		14. MOTHER'S MAIDEN A) = 1/01	
	IAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates of service)	- S	Jem E. A	-well #	±2
18. CAUSE OF DEATH [Enter only one cause per line f	or (a), (b), and (c).]	- /		INTERVAL BETWEEN ONSET AND DEATH
PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	nondy	Occhuses	en	30 minutes
9 +01 DUE TO	l			
Conditions, If any, which gave rise to immediate (b)				
cause (a), stating the OUE TO				100
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 119. WAS AUTOPSY
ICAT				PERFORMEO? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCU	RRED. (Enter nature of inju	ry In Part I or Part II of ite	m 18.)
19 11000 000	factor	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
Hour a.m. While at work	NOT WHILE -	y, an ed t, o med blug., etc./		
21. I certify that (I) (this hospital) attended t		, 19/		1966, that (I) (we) last
saw the deceased alive on J encure	1966, and that	death occurred at 10:15	M, from the causes and	
22a, SHONATHRE	man M.D	ATTENDING MEO.	CTOR STAFF	OATE SIGNED
1 22c. PHYSICIAN'S NAME (Type) Pichard THOC	hmaning	22d. AODRESS	elinst. An	napples hed
REMOVAL (Specify) 9-11/10/1	St. NAME OF CEMETERY	OR CREMATORY 2	3d. LOCATION (City, town of	or county) (state)
24) FUNERAL DIRECTOR	ADDRESS	25a. REC'O B	Y REGISTRAR 25b. REGIST	TRAR'S SIGNATURE
IN LATERAL IN STRUCTURE TOWN	(NYMUT) 126	O JULIA OATE	TO TOOM W.	0 0

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) . COUNTY al director. Page for your files. a. STATE b. COUNTY ŏ MARYLAND Department death. b. CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerast town) 10/15 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE the funeral ON A FARM? State retained YES T NO X 3. NAME OF DATE 4. Month Year hours DECEASED OF the (Type or print) DEATH 49 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Deys Hours WIDOWED DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRA 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? plost of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME "pending" in pencil in Item 18. Giv xaminer's Office along with form used as a burial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) | (If yes give wer or tales of service) and 18. CAUSE OF DEATH [Enter only one cause per lim for (e), (b) and (c).] removal, INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO 0 Conditions, If any, which' a br (b) gave rise to Immediate cause writing the word "pending" Chief Medical Examiner's DUE TO (e), stating the underlying certificate cremat cause last. pe nsed (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)] CERTIFICATION should be un 19. WAS AUTOPSY PERFORMED? NO. 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert II of item 18.) EXAMINER: S 5 COK- 6 the C. MEDICAL P 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 200. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State agent, Whila factory, street, office bldg., atc.) Not While at work certificate, at work p.m. ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion MEDICAL designated death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR 50 M.D. DEPUTY DEPUTY MEDICAL EXAMINER 9 EXAMINER'S NAME (Type) 4 shoul O FUN Health Address (Street, city, town, or county) 22a, BURIAL, CREMATION, /22b. DATE THEREOF 22c. CEMETERY/OR CREMATORY 22d. LOGATION (Eity, town, precounty (State REMOVAL (Specify) 23. FUNERAL DIRECTOR ADDRESA 248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/63

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01683 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after ges 1 by the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b within 72 hours write RURAL and give nearest town) hours = e. IS RESIDENCE ON A FARM? filled papers. INSTITUTION (if not in hospital, five street address) d. STREET NO YES within completely carbon 3. NAME DE DATE Month Year 1 25 DECEASED DF event, (Type or print) DEATH 19 executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. COLOR OR RACE 8. DATE OF BIRTH 9. NEVER MARRIED remove Months Davs Hours any and WIDOWED DIVORCED YIS. = 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10 KIND OF BUSINESS OR 12. CITIZEN OF WHAT hystetah blease r tate, of foreign country) COUNTRY? certificate be and FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova 2 attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT the atten 0 death (Yes, no, or unkown) | (If yes give war or dates of service) cremation, CAUSE DF DEATH [Enter only one cause per line for INTERVAL BETWEEN The law requires that the ONSET AND DEATH n signed by burial-transit burial, crem PART I. DEATH WAS CAUSED BY be retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) peen gave rise to immediate the r to DUE TO cause (a), stating underlying cause last. has CERTIFICATION WAS AUTOPSY 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate YES 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) r this certification detached for the Dept. of 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State OIRECTOR: After tage 3 should be defiled with the State Hour a.m. While Not While at work at work 21. I certify that (i) (this hospital) attended the deceased from and that death occurred at 22M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING PHYS. DIRECTOR PHYS. Page 4 may director, pag should be fill TO HOSPITAL 22d. PHYSICIAN'S ADDRESS NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county REMOVAL (Specify) remation Greenmoun REC'D BY REGISTRAR FUNERAL DIRECTOR 25a.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01684 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Anne Arundel o. STATE Maryland Anne Arundel MARYLAND c. CITY OR TOWN (If outside corparote limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 16 Annapolis Annapolis IS RESIDENCE ON A FARM? d. STREET ADDRESS 25 Hicks Ave. DATE Middle Last February 26 BELT 19 66 Albert James DEATH AGE (In years last birthday) IF UNDER 1 YEAR B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths Days Haurs Mar. 4, 1892 DIVORCED WIDOWED XX Negro 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & Stote, or foreign country) 10b. KIND OF BUSINESS OR INDIISTRY Maryland 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. INFORMANT INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death 1 and er deoth o. COUNTY CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) on popers. Pag within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .= Anne Arundel General Hospital NO X 3. NAME OF pou DECEASED (Type or print) IF UNDER 24 HRS S. SEX Male 10o, USUAL OCCUPATION (Give kind of work done durit mast of working life, even it retired) 13. FATHER'S NAME burial, cremation, or removal, IS: WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, ar unknown) (If yes give war ar dates af service) IB. CAUSE OF DEATH (Enter only one cause per lige far I-tronsit PART I. DEATH WAS CAUSED BY: þ be retained by the hospital ar ottending physician. signed l buriol Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ed for use of Heolth p NO Y this certificote 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Nat While While at work ot work **DIRECTOR:** After Feb. 26, 1966, that (1) best lost 21. I certify that (I) (this despited) attended the deceased from. 1966, to_ eb. 26 19 66, and that death occurred of M. from couses and on the date stated above. sow the deceosed olive on. 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. ATTENDING DIRECTOR M.D. filed 22d. ADDRESS PHYSICIAN'S TO FUNERAL 110 Clay St., Annapolis, Md. director, po shauld be f R. L. Richardson, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d AOCATION (City or Town) 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966

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is districted, E. D. C. L. Landerson, Ed. J. January Ed. L. Landerson, Ed.

FOR STATE M 01685 MEDICAL EXAMINER'S CERTIFICATION PLACE OF DEATH 2. USUAL RESID

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1		PLACE OF DEATH					here deceosed lived, if instit	ution: Residence befo	ore odmission)		
	(o. COUNTY DAG	70	14.4	VIAND	o. STATE ND	b. (O	UNTY PAC	0		
	-	L CITY OD TOWN (If a self		c. LENGTH OF STAY	RYLAND	- CITY OR TOWN (IC.	Color Color Color Color	(IDA) Julius mann			
	b. CITY OR TOWN (If outside corporate limits, write DURAL and give nearest town)			C. LENGIH OF STAT	IN ID		side corporote limits, write R	UKAL ond give neore	sst town)		
		4/en Bur	NIE			Y/eND	arrie	03	/		
	(d. NAME OF HOSPITAL OR IN	STITUTION (If not in h	ospital, give street oddress)		d. STREET ADDRESS	/		e IS RESIDENCE		
9	1		1. ARUI			914/20	d MVE		ON A FARM? YES NO		
		NAME OF	First	Middle	A	Lost //		nth Do			
		DECEASED (Type or print)	MONI	20	De	NACTT	OF DEATH 2	- 9	1966		
	S. S	SEX 6. COL		MARRIED NEVER MARRI	ED TI	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
		17	N WI	DIVORC		3-7-1881	yrs.	Months Doys			
		. USUAL OCCUPATION (Give ki		10b. KIND OF BUSINESS OR		11. BIRTHPLACE (State	or foreign country)	12. CITIZEN C	OF WHAT		
	duri	ing most of working life, ever Laborer	if retired)	Sun Oil Co.		Baltimore	Co. Mi.	U.S.A.			
		FATHER'S NAME				14. MOTHER'S MAIDEN N					
		George Ben	nett			Ruth Thom	pson				
	15.	WAS DECEASED EVED IN HIS	ADMED EDDCESS	16. SOCIAL SECURITY NO.	17. 1	NFORMANT		ress			
	(Ye	No (If yes g	ive wor or dotes of servi	213-05-6515	8 87	and Dannet	Tm 266	C7 A-			
					AAA	ongo bennet	t, Jr 366				
		1B. CAUSE OF DEATH (Er	ter only one couse per	line for (a), (b), and (c).)		00	0	, o	NSET AND DEATH		
		IMMEDIATE CAUSE OF feleroselleroses flunder									
		4500 DUE TO									
		Conditions, if ony, which gove) (b)									
		rise to immediate couse	(a). (DIE TO								
		stoting the underlying co	ouse								
		lost.) (c) _					1			
	2	PART II. OTHER SIGNIFICAT	NT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19	PERFORMED?		
	8								YES NO		
2	CERTIFICATION	20o. EXTERNAL CAUSE WAS		20b. DESCRIBE HOW INJURY	OCCURRED.	Enter noture of injury in F	Port I or Port II of item 1B.)				
	ERT	PRIMARY Or CONTRIBUT	ING 🗆				,				
		CAUSE OF DEATH.	1.5	AND MINIST OCCUPED	T ac DIA	T OF INTURY (II	1 006 (6)	(6	(61-4-)		
	MEDICAL	20c. TIME OF INJURY Mor Hour o.m.	nth, Day, Yeor	20d. INJURY OCCURRED While Not While		E OF INJURY (Home, farm, ory, street, office bldg., etc.)	, 20f. (City or town)	(County)	(Stote)		
	W	p.m.	19	of work of work		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
П		21. I certify that	I took charge of	the remains described of	bove, he	d an Autopsy .	Inspection Inc	uiry 7, an	d in my opinian		
				uses Accident	_	de , Hamicide	Undetermined		,		
1		dedili iesoried ite	Harorar cac	baca [J, 5010	CHIEF MEDICAL		marrier			
		ACTUAL	.5 .01						22. DATE SIGNED		
A.		SIGNATURE	Miller			M.D. ASSISTANT MEDI			an Drite money		
U	- 1	EXAMINER'S	11	11		DEPUTY MEDICA		7 - 9	9-66		
		NAME (Type)	LINHAROL	V		Address (Street,	city, town, or county)				
	230	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CE	METERY OR	REMATORY	23d. LOCATION (City or	lown) (Count	ty) (Stote)		
		REMOVAL (Specify)	2-14-66	Arbutu	ls Mem	orial Park	Baltimore,	Maryland	3		
		. FUNERAL DIRECTOR	-	ADDRESS		2So. REC'D	BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATU	JRŁ		
	Ch	harles R. La	w - 802 Ma	dison Ave., H	Balto.			Charles 1	0		
0	-			,		DATE L	1 4 Jana 8	maye by	under.		

VR A15ME (5)

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

the funeral directar. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and Health or its designated agent, priar ta burial, crematian, ar remaval, and in any eve

2, and 3 ta PM3. Page the State Department of the State Department of the State Department of the State St

the second secon

an and completely filled in by the funeral ve carbon papers. Pages 1 and 2 should very within 72 hours after death. death. Page 1.2 be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove cabb be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event.

> VR A15 (4) 15M 7-62

in 24 hours after

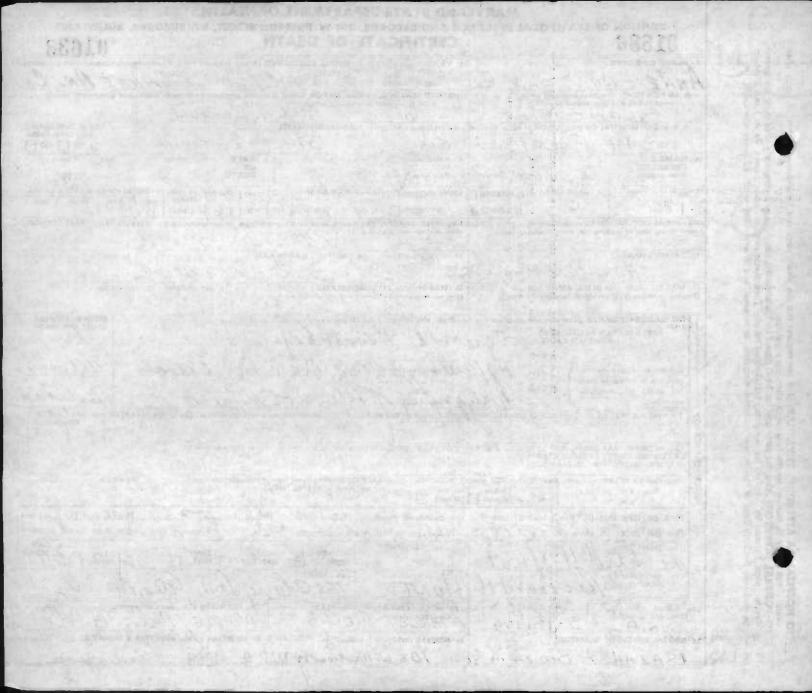
The law requires that the death certificate be execute

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 01686 633

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
A	NNE ARUNDEL CO, MARYLAND	O. STATE MARY LAND COUNTY ANNE AR. Co.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	GLENBURNIE	GLEN BURNIE 02-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS a. IS RESIDENCE
	319 FREETOWN Rd.	319 FREE TOWN YES NO B
3.	NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yaer OF
	(Type or print) EFFIE BLAND	DEATH 2-24 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday Months Days Hours Min.
	WIDOWED DIVORCED DI	4-8-1898 67 yrs.
	s. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	HORACE WALLACE	SARAH FISHER
	WAS DECEASED EYER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. 18, no, or unkown) (If yes give war or dates of service)	NFORMANT Address
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	/ INTÉRVAL BÉTWEEN
	PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
12	IMMEDIATE CAUSE (a) CUOTAL HE	entitles vay
15	THE TO I I	or 1-18 or D. White
	Conditions, if any, which \ (b) Hoffelle Rary (andre Vascadar Disease Mulnown
	gava rise to immediate couse (a), stating the underlying DUE TO	1/1.
	couse last. (c) Making walkey of	Helors with Weldaser Unlavion
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
13		YES NO I
CERTIFICATION	208. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter neture of injury in Pert I or Pert II of item 18.)
1	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While fect p.m. 19 et work et work	tory, street, office bldg., etc.)
1	21. I certify that (I) (this hospital) attended the deceased from.	1- 22, 1965 to 2-25, 1966 that (1) (we) last
1		death occurred at 300 M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
	Taken Mill Street	ATTENDING MED. STAFF PHYS. PHYS. D 2-28-68 SIGNED
	22c, PHYSICIAN'S	22d. ADDRESS 2
	NAME (Type) Kichard H HUNT	100 Cherry Lave Gley Burnie, End
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	BURIAL 3-1-1966 MARLEY	NEUR MARLEY NECK HIA COMO
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	TSAIAH L. BrOWN 450N 108 W.	Montsome PATEMAR 2 1956 Vollander Vudge
-	TOPATH LINES TO TO TO TO TO	July 1000 from the state of the



b. COUNTY

Month

FEBRUARY

Address

4714

ANNE ARUNDEL

Days

12. CITIZEN OF WHAT

19.

(County)

225. OATE SIGNEO

YES

COUNTRY?

USA

KRAMME.

e. IS RESIDENCE ON A FARM?

YES TO NO

1966

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMEO?

NO

(State)

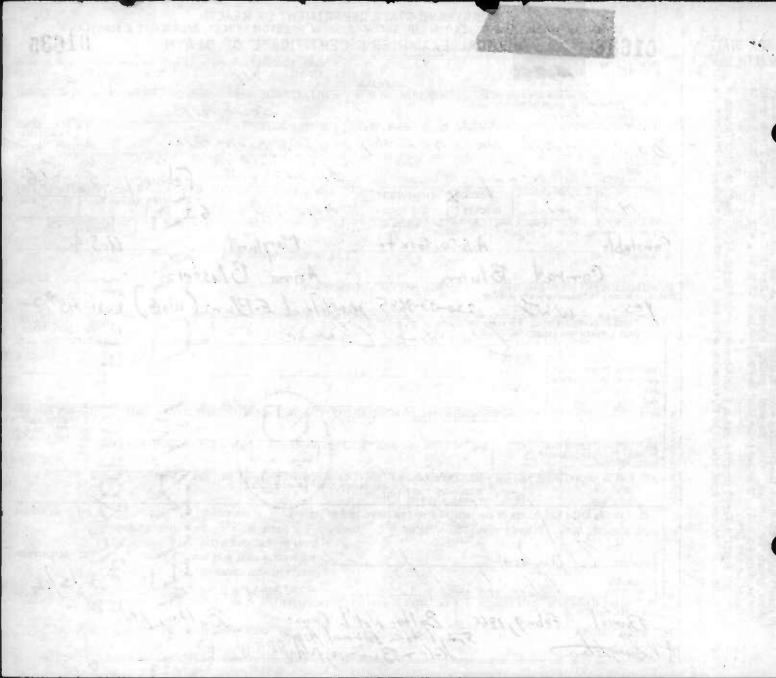
that (1) (we) last

(State)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 687 funeral death. and 2 death. 1. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE after by the f Pages 1 urs after ANNE ARUNDEL MARYLAND MARYLANO b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and completely filled in by remove carbon papers. Pag 1 any event, within 72 hours write RURAL and give nearest town) hours GLEN BURNIE BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS ARUNDEL GENERAL HOSPITAT 5229 KRAMME AVE executed within NAME OF First Middie Last DATE DECEASEO (Type or print) MARTE **OEATH** BLANKENSHIP REBECCA 6. COLOR OR RACE | 7. MARRIEO 5. SEX 8. OATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIEO last birthday) Months WIOOWEDVY DIVORCEO WHITE TUNE 7, 1903 62 yrs. 11. BIRTHPLACE (County & State, or foreign country) ii. physician and physician and physician and physician and in 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR PHYSICIAN: The law requires that the death certificate be during most of working life, even If retired) INOUSTRY CASHIER STORE 14. MOTHER'S MAIOEN NAME removal, 13. FATHER'S NAME ed by the attending partransit permit. Then, cremation, or remova HENRY RUMENAP DORA HELMS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) 214-38-8139 BLANCHE BLANKENSHIP CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] in signed by the burial-transit burial, crema PART I. OEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which (b) the bu gave rise to immediate **OUE TO** cause (a), stating the has be as the prior t underlying cause last. r this certificate had detached for use a te Dept. of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) FICATI the hospital 20a. ACCIOENT WAS UNDERLYING CERTI OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) After ti factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work retained DIRECTOR: A age 3 should led with the S 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on M. from the causes and on the date stated above and that death occurred at. 22a. SIGNATURE TO FUNERAL DIRE director, page 3 should be filed v pe ATTENOING PHYS. STAFF M.O. **OIRECTOR** PHYS. TO HOSPITAL Page 4 may 4 may 22c. PHYSICIAN'S 22d. AOORESS NAME (Type) to BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial 10. REC'O BY REGISTRAR Cemeterv 24. FUNERAL OIRECTOR George J. Gonce - 4001 Ritchie Hgwy. -Baltimore

VR A15 (4) 1/65 The second of th

		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE		01688 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01635	
HEALTH DEPT.	1.	PLACE OF DEATH a. COUNTY ACCO. MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admiss b. COUNTY MARYLAND MARYLAND	ion
o the funeral e 5 may be Department after death.		b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	wn)
the f the f 5 m Depar	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEI	NCI
Page Page State D hours af		D.O. A - NORTH. ARUNDEL-HOSP. Thorn pean. AUE YES NO	VI?
any dela 2, and PM3. I the St 72 ho	3.	NAME OF DECEASED (Type or print) First Middle Last 4. DATE Month Day Year DECEASED (Type or print) First Middle Blow 5, 1964	-
="E / FA	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24	
er dea live Pa with I and event	10a dur	B. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY) 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
2 8 2	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 17. FATHER'S MAIDEN NAME 17. FATHER'S MAIDEN NAME 18. FATHER'S MAIDEN NAME 19.	
24 ho n Iten Office File , and		i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address and the sof service)	
within pencil i miner's permit. removal		Yes WWD 220-03-9683 MissMildred E-Blum (Wife) King H5"2	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (1) ACCUSE OF DEATH (c), and (c). I INTERVAL BETWEE ONSET AND DEAT IMMEDIATE CAUSE (1) ACCUSE (2) IMMEDIATE CAUSE (3)	
ding" ical E -tran		Conditions, If any, which	*
d be executed "pending" in Medical Exa burial-transit cremation, or		geve rise to immediate cause (a), stating the DUE TO	
2000		underlying ceuse last. (c)	201
the the used to bu	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP PERFORMET YES NO	D?
certing ded t	CERTIF	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nuture of Injury In Part I or Part II of Item 18.) PRIMARY OF DEATH.	
ER: This cer cate, writin e forwarded 3 should b	MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Not While at work at work at work at work	e)
EXAMIN he certifi should be files. TOR: Page lesignated	M	21. I certify that took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opin death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	nio
the the the croise designation		CHIEF MEDICAL EXAMINER	
MEDIC recute Page 4 for your L DIREC or its		ACTUAL SIGNATURE	IED
> 2 4 L		EXAMINER'S NAME (Type) F. Lin his Kelt. OEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 7/5/66	
O DEPUTY please e) director. retained O FUNERA of Health	238	REMOVAL (Specify)	
- = 3	24	110114	
VR AISME (5) 5M 1/65	1	Volen Burnio, Modate B 9 1966 pelianles Juses	
* -			-



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY MARYLAND Department after death. essary, funeral CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) ADOLIS 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours YES 3. NAME OF First Month Oay Year the DECEASED (Type or print) DEATH 19 2 with within SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE form 7. MARRIEO NEVER MARRIED after death. If 8. Give Pages 1 long, with form Months Hours WIDOWED DIVORCED Put 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) during most of working life, even if retired) NDUSTRY Item 18. Gi 0 NAME EXAMINER: This certificate should be executed within 24 hours Pag. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN (Yes, no or unkown) (If yes give war or dates of service) permit. removal, " in pencil in Examiner's INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
| IMMEDIATE CAUSE (e) burial-transit cremation, or certificate, writing the word "pending" ould be forwarded to the Chief Medical E cremation, DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO (e), stating the 10 underlying cause lest. ed as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMEO? us to YES T NO T ld be 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 shou MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work ___ et work 21. I certify that Ltook charge of the remains described above, held an Autopsy Inspection Inquiry and In my opinion 4 should DIRECTOR: death resulted from: Natural causes Suicide Undetermined manner Homicide Accident your CHIEF MEDICAL EXAMINER Ts. DEPUTY MEDIC execute ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DI f Health or for DEPUTY MEDICAL EXAMINER DE **EXAMINER'S** director. NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION. 23d OCATION (City, town or county) (State) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY of 0 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE BUNERAL DIRECTOR 25b. VR AISME (5) 1966 DATE

1/65

MARYLAND STATE DEPARTMENT OF HEALTH

asain A. A. Co a.M ANNE HRUDOEL HUNAPOLIS HUNAPOLIS 10 SLODANUA PO. A. A. GENERAL HOSPT ALLUA G. Boerstlee 2 82 1001-31-11 HOME HOUSEWIFE DY. City ARTHUR GERVAIS MARRY WALEK WILLIAM LIBOERSHEE #2 The Land of the second of the HUUAPOLIS BURIATE 2-3-46 HILLOREST executed within 24 hours after death. Page 4 may be retained by the nospital or attending pursurant.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pursicant and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then press remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Anno Arundol MARYLAND	a. STATE Maryland b. COUNTY Pr. Geo!
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Annapelis 5-Days	Brandywine 16-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
Anne Arundel General Hespital	Rt 3, Bex 300
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Joseph Thomas	Beswell DEATH February 27 19 66
7. MARKIED TO HEVER MARKIED	8. DATE OF BIRTH 9. ACE (In years IFUNDER I YEAR IFUNDER 24 HRS. Months Days Hours Min.
Male White WIDOWED DIVORCED	Dec.10, 1910 55 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR LINDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Tobacco Farming INDUSTRY	Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Fred Beswell	Margaret Mereland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) 213-144-6812 L	ucille Beswell-Same as Item #2.
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]	INTERVAL BETWEEN ONSET-AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	de la production de la constante de la constan
592X DUE TO 011	
Conditions, If any, which	Kestruly Suhuman
gave rise to Immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CAT	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While - Not while -	ry, street, office bldg., etc.)
	2/22 1966 to 2/27 1966 that (1) Swellast
21. I certify that (I) (this hespital) attended the deceased from	t death occurred at 2.1. AM, from the causes and on the date stated above.
saw the deceased alive on 2/26 1966, and that	r death occurred attack, from the causes and on the date stated above.
W. W. Haal	ATTENDING MED. STAFF 7/27/
22c. PHYSICIAN'S M.D	D. PHYS. DIRECTOR PHYS. 122d. ADDRESS
NAME (Type) Sichard I. Hochman hi	59 Frankly St Annables, led
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town of county) (State)
Burial 3/2/66 Trinity Mem	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE
Ritchie Bres. Upper Marlbere. Md.	3/4 E K 4000 (771/1- //- ()

VR A15 (4)

PADIS (TORY)	A section
	Anne Arundel
27.00-2	silecara
Instano	Anne Arundel Ceneral
Thomas	rigonoT.
	M.L. Dite

Pormell Populary 27 Dec.10, 1910 55

N. P. L. M. U. S. A. french griman coordel'

basionoli Jenegania

brait, and

-Frandywine

At 3, FOR 300

213-41-5812 Lucille Borwell-sene as Item -2.

Surial 3/2/66 Trinity Memorial Gardens wolders

red Foshell

Ritchia Bres. Upper Marlbore, Md.

17160

1000 .79

FOR STATE TO DEPUTY NOTCAL EXAMINER: This certificate should be executed within 24 hours after death. If any dray is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the furberal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours and death. the or death. TO DEPUTY VS. A15ME

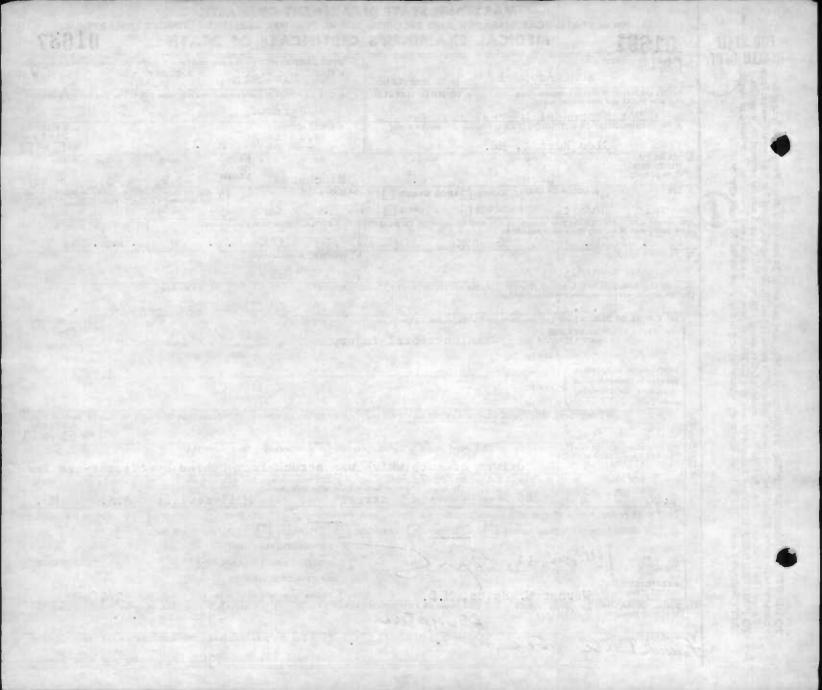
5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01637 01691

	1. PLACE OF DEATH	ī			2. USUA	L RESIDE	VCE (Where	decessed lived,	If institution	n: Residen	ce before e	dmission)
	a. COUNTY	Anne Arun		MARYLAND	e. STAT	re	York	ь. со		1		1
	b. CITY OR TOWN (i	c. CITY	OR TOWN	(If outside c	orporate limits, w	rita RURAL	and give	nearest tow	(n)			
	North	Arundel C	General			Syra	cuse				69-	3
,	d. NAME OF HOSPIT	TAL OR INSTITUTION	(if not In hospit	al, give straet addrass)	d. STRE	ET ADDRESS	5					ESIDENCE
Glen Burnie, Md.						159 R	levere	Ave.			YES T	A FARM?
	3. NAME OF First Middle DECEASED					st	4. DAT	E Mo	nth	Dey	You	
	(Type or print)	Osca		J.	Boud	chard	DEA	TH	2	3	19	66
1	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF B	IRTH		9. AGE (In yes				
	male	white	WIDOWED	DIVORCED	SEPT.	18 I	906	59 yrs.	- WOUTH	s Deys	Hours	Min.
1	10a. USUAL OCCUPATI	ION (Give kind of work	k 10b. KINE	OF BUSINESS OR INDU	TRY 11. BIRTH	PLACE (Slate	a or foreign	country)	12.	CITIZEN C	F WHAT C	OUNTRY?
	MECH. TEC		GENE	ERAL ELECT	RIC POS	TTSTO	WN N	.Y.	U.	S.A.		
	13. FATHER'S NAME				14. MOTHE	R'S MAIDEN	INAME					
	OSCAR BO	OTICHARD			MARY	JANE	1					9
	15. WAS DECEASED EVI	ER IN U.S. ARMED FOR	RCES? 16. SC	CIAL SECURITY NO. 17	INFORMAN	T		Addr	ess			•
	(Yes, no, or unkown) (II	V.W. #2	servica)	M	RS OSC	AR RO	UCHAI	ED TEO	REVE	PF C	T.	
8		EATH [Enter only one	cause per lina		113 0301	ALL DO	OUTIAL	117	TITOAT		ERVAL BET	WEEN
	PART I. DEATH WAS CAUSED BY.									SET AND		
	811.1	MMMEDIATE CAUSE (6) Craniocerebral injury										
	2 / (4 /	Conditions if you will be										
í		Conditions, if eny, which geve rise to immediate cause										
	(e), steling the underlying DUE TO											
	causa last.) (c)										
1	PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	SE CONDITION C	SIVEN IN P.	ART 1(e) 1		UTOPSY RMED?
4	5										ES X	
	PART II. OTHER 20e. EXTERNAL CA PRIMARY Exer CO CAUSE OF DEATH.	NTRIBUTING		HOW INJURY OCCURED								
			driver	of auto whi	ch was s	truck	from	behind	by tr	actor	-trai	ler
	20c. TIME OF INJUI			URY OCCURRED 20e. P		(Home, fer	m, ; 20f. (0	City or town)		County)		(State)
2	9:00 p.m.	2 3 196	6 at work		treet	co biog., air		llersvil	le	A.A.	N	٧d.
4	21. I certify th	at I took charge o	of the remain	as described above,	held an Auto	psy k	Inspectio	n , Ing	iry 🗍,	and	in my or	pinion
	death resulted for	rom: Natural ca	auses ,	Accident X , Su	icide .	Homicide		Indetermined	manner	П	, -	
	1	1111		7.1	CHIE	EF MEDICAL	EXAMINER					
	ACTUAL SIGNATURE	verus v	1. 9	256	M.D. ASS	ISTANT ME	DICAL EXAM	INER X		D	ATE SIG	NED
			1	5	M.D.		L EXAMINE					
	EXAMINER'S NAME (Type)	Werner U	. Spitz	. M.D.	Add	Iress (Streat.	city, town,	or county)		2/4/	66	
	BREMOVAL (Specify)	N, 23by DATE THERE	OF 22	SUMPTION	OR CREMATORY			ATION ICHY IS	E N.	1try)	(Slete	p)
	23 TUNERAL BIRECTOR	2000	, 32	2 ADDRESS HIGH	ST.	24a. RE	C'D BY REGI	STRAR 24b. R	GISTRAR'	SIGNATU	IRE	
4	trank De	ac no				DATE	D 7	1966	Alla	relen (ludge	
									CORP.			

17



TO FUNERAL ONECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase is emove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

O 1692 CERTIFICATE OF DEATH

() 1638

	a. COUNTY	и			CE (Where deceased lived, If Institution: R	tesidence before admission)
4	2. 0001111	Anne Arunde	el MARYLAND	a. STATE Ma.	ryland b. COUNTY Ann	ne Arundel
	b. CITY DR TO	WN (if outside corporate limit AL and give nearest town)		and the second s	outside corporate limits, write RURAL	
		napolis		HAINA	polis	83-1
	d. NAME OF H	OSPITAL OR INSTITUTION (If I	not in hospital, give street address)	d. STREET ADDRESS	PUNIS	e. IS RESIDENCE
1		ndel General Ho		DAR	1052	ON A FARM?
9	3. NAME OF	First	Middle	110,00	1036	YES NO
	DECEASED		Solomon	BOYER.	4. DATE Month	Day Year
4	(Type or print) 5. SEX	1 0 00107 07 7107		8. DATE OF BIRTH	9. AGE (In years IF UNDER	9 19 66
1	Section 2	7. 11.	ARRIED NEVER MARRIED		last birthday) Months I	Days Hours Min.
-	Male	ATION (Give kind of work done	10b. KIND OF BUSINESS OR	Nov. 18, 188		
	during most of wor	rking life, even if retired)	INDUSTRY	TI. BIRTHPLACE (C	CC	ITIZEN OF WHAT
	STEE		STEEL WOCKER	+cbHNSTOW		U.S.
	13. FATHER'S NA	ME NI		14. MOTHER'S MAIL	DENTNAME	
		UNR		1	INK	
	15. WAS DECEASED (Yes, no, or unknown)	DEVER IN U.S. ARMED FORCES? (If yes give war or dates of service	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	#1
	YES	WWI	196 094 672 141	RGUERITE	, B. WRIGHT	
		F DEATH [Enter only one cause	e per line for (a), (b), and (c).]		2	INTERVAL BETWEEN
	PART I. I	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral vesce	elay accid	ent	S Caus
	331	DUE TO				1
	Cenditions, if	any, which) (b)				
	gave rise to	Immediate (
	underlying cau	oracing the l				
	PART II. OTHER		NTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
	CAT					PERFORMED?
2	PART II. OTHER 20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NO	T WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCI	URRED. (Enter nature of	finjury in Part I or Part II of Item 18.	
	(IF EITHER, NO	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)				
	20c. TIME OF	INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	nrm, 20f. (City or town) (Cou	inty) (State)
	20c. TIME OF Hour a		While at work factor	ory, street, office bldg., e	tc.)	
			attended the deceased from	5-1, 1	0/2 10 2/6 10/	Abat (I) (wab look
7		eceased alive on2		t death occurred at	962, to 2/9, 1964 M, from the causes and on the	6, that (I) (we) last
	22a. SICNAT		2 0			ATE SIGNED /
	161	Church V.H.	odleway M.	ATTENDING	MED. STAFF DIRECTOR PHYS. 2	19/61
	22c. PHYSICI	IAN'S	Will Will	22d. ADDRESS	DIRECTOR C PHIS.	11100
	NAME (Richard I. I	Hochman, M.D.	59 Frankl	in St., Annapolis,	Md.
	23a. BURIAL, ORE	MATION, 23b. DATE THEREC		Y OR CREMATORY	230-1 LOCATION (City, town or cou	inty) (State)
k	RUPIDZ	2-14-16	St. HUNE	'S	HUUDROLIS	MD-
1	24. AUNERAL DIR	EGFOR //	ADDRESS		O'D BY REGISTRAR 36b. REGISTRAR'	S SIGNATURE
X	oka M.	by Tor/ + April	(Ingrandia VI	nd. DAFEE	1 1 1968 Mclianle	ey Judge
(1)	o fort hij. V	1	0000	I DATE L	II loud	0 0
V						

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Dros Lyndie

P.O. Box 1852 ×

Steet ubeker deflustown, Proceedings U.S.

YES UNIX THOOKY ETZ MARGINERITE B. WRIGHT-

Corabas verentes resultet

11 1/0 10 1/3 11 11

Michael I. Bookens, H.C. 199 Franklin St., Mushool B, Ma.

ANNAPOLIS MO

BURIAZ, g-14-66 St ANNE'S. John M. Lefter & Lower Croning olis Mil.

TO DEPUTY MCJICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fut. In director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 3 any be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.

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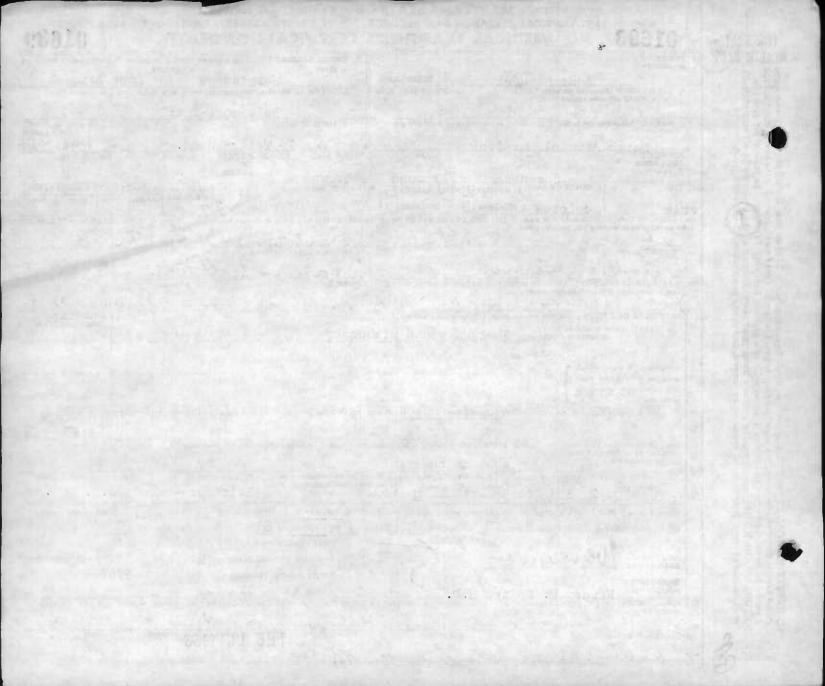
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VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Sec. and	01693 MEDICAL EXAMINER	S CERTIFICATE OF DEATH	01639					
Ŧ	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence	before edmission)					
	Anne Arundel MARYLAND	Maryland Anne Arundel						
	b, CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)							
	GLEN BURNIE	Baltimore-rural 02	_/					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE					
	North Arundal Haspital	Box 26 Telegaph Rd.	YES NO M					
3.	NAME OF First Middle	Lest 4. DATE Month Day	Year					
	(Type or print) Josephus Hammond	Brown OF DEATH 2 3	19 66					
5.		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR II	F UNDER 24 HRS,					
m	nale colored WIDOWED DIVORCED	5-15-1938 2 7 yrs. Months Days	Hours Min.					
10	Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST		WHAT COUNTRY?					
1	one during most of working life, even if retired)	Beltin and 715.	1					
13	. FATHER'S DAME	14. MOTHER'S MAIDEN NAME	7					
	Taul Brown	Francial Hammond						
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address						
(1	(as, no, or unkown) (If yes give war or deles of service) 2/1-31-8091	Jamain Brown Service	ml					
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		EVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wound of a		ET AND DEATH					
	DUE TO							
	Conditions, if eny, which (b)							
	geve rise to immediate cause							
	(e), steing the underlying							
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY							
ATIC			PERFORMED?					
CERTIFICATION	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.)							
CER	PRIMARY* or CONTRIBUTING Shot in abdomen							
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ferm, 2Df. (City or town) (County)	(State)					
MEDICAL	3:00 Pom 2 3 1966 While Not While hom	ne Baltimore-rural A.A.	Md.					
	21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection . Inquiry . and in my opinion							
	death resulted from: Natural causes , Accident , Suicide , Homicide X, Undetermined manner							
	CHIEF MEDICAL EXAMINER							
	ACTUAL AND ACTUAL ACSISTANT MEDICAL EVANINED TO DEST STONED							
	DEPUTY MEDICAL EXAMINER 7							
	WEME (Type)							
22	a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C		(Stets)					
1	Sure 2 2-9-66 Beltimore	national Battemore	mil					
2;	FUNERAL DIRECTOR ADDRESS	240. PETE DY PROJETRAPO CHE REGISTRAP'S SIGNATUR	udge					
4	Turnello, Oden - Baltimore	md DATE	0					



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cambre carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

	DIVISION 01694	OF STATISTIC	MARY	ARCH AND REC	DEP ORDS,	ARTMENT OF HEA 301 W. PRESTON ST OF DEATH	ALTH REET, BALTIMOR	E 1, MARY	LAND 1641		
1.	PLACE DF DEATH a. COUNTY	Anne Arundel MARYLAND				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Maryland					
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Millersville				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millersville Den Burnto					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Nollwood Manor Nursing Home				dress)	d. STREET ADDRESS Formerly of 9 Georgia Ave., Glen Burnie, Mc					
3.	NAME DF DECEASED (Type or print) SEX	CHARLE	S	Middle C•		SCHMAN D	EATH FEB. 11		19 66		
m	ale	white	WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH Sept. 28, 1876	oy yrs.	onths Days	Hours Min.		
0a. USUAL OCCUPATION (Give kind of work done in lob. KIND OF BUSINESS OR INDUSTRY Self Employed Saltimore, Md. 12. CITIZEN OF COUNTRY? 13. FATHER'S NAME											
H	enry Busch	nman ER IN U.S. ARMED FO	PCES2 16 (SOCIAL SECURITYNO.		14. MOTHER'S MAIDEN NAM Caroline	Address				
Ye	no, or unkown) (I	If yes give war or dates of	service) 220-4	4-9192	Lou	ise Buschman,		Cheste			
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO					ON	INTERVAL BETWEEN ONSET AND DEATH 2. days				
	Conditions, If an gave rise to In cause (a), stat underlying cause	ing the DUE									
10211018	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED YES NO							PERFORMED?			
L CLUI	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)										
MEDION	Hour a.m.	IURY Month, Day, \	ear 20d. IN While at work	JURY OCCURRED 20	e. PLACE factory,	OF INJURY (Home, farm, 2) street, office bldg., etc.)	Of. (City or town)	(County)	(State)		
	21. I certify that (I) (this hospital) attended the deceased from Aug. 10, 1965, to Febr. 11, 1966, that (I) (we) last saw the deceased alive on Febr. 11, 1966, and that death occurred at 6, 4M, from the causes and on the date stated above.										
22a. SIGNATURE Robert Oaloking M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 22c. PHYSICIAN'S DIRECTOR PHYS. 2-11-1966											
		Dr. Robe	rt Dabo	lins		400 Crain F	Iwy. N.W.				

NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

ADDRESS

(State)

tery Baltimore, Md.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE B 1 4 1966 Charles

VR A15 (4) 1/65

BURIAL, CREMATION,
BURIAL (Specify)

23b. DATE THEREOF

2/14/66

²⁴Schimunek Funeral Home, Inc. 2601-03-05 E. Madison Street

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	isydfor that		
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the State Boy.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

		01695	N OF STATISTI	CAL RESE	CERTIFICA	DS, 301 W. PREST		BALTIMOR	E 1, MAR	UI (542
	1.	b. CITY OR TOW write RURAL	TUNDEL N (if outside corpora and give nearest tow	n)	MARYLAND c. LENGTH OF STAY IN 1 1mo 175 day hospital, give street address	a. STATE Mary c. CITY OR TOWN	ENCE (Where decease Land (If outside corpora imore	b. COUNTY	1	give near	./
6		Crowns	ville Sta	te Hos	nital	Unkno	วพท			YES	NO 🔀
	3.	NAME OF OECEASEO (Type or print)	3-#18298 F	rst Anni	B Johnson	Last Butles	4. DATE OF DEATH	Month 2		27 19	ear 66
	1	sex Female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	la la	E (In years IF st birthday) // yrs.	UNOER 1 YE		
	10a dur	Da. USUAL OCCUPATION (Give kind of work done iring most of working life, even if retired) Maid 10b. KINO OF BUSINESS OR INOUSTRY		11. BIRTHPLACE				COUNTRY?			
	13.	FATHER'S NAM				14. MOTHER'S M	AIOEN NAME				
		Unkno				Unkno	חשנ				
	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unkown) (If yes give war or dates of service) Rev. Ernest Clark Carey + T							1+B	a Ke.	5 \$	
	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO Conditions (6 any which) Conditions (6 any which)				ire		INTERVAL BETWEEN ONSET AND DEATH 3 days 3 weeks				
		Cenditions, If gave rise to cause (a), s underlying cause	Immediate tating the se last.	(c)		otic Heart Disease			Years		
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO									
	MEOICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Location and the street of t									
		21. I certify that (I) (this hospital) attended the deceased from 1/10, 19 58 to 2/27, 19 66, that (I) (we) last saw the deceased alive on 2/27, and that death occurred at 9: 44 M, from the causes and on the date stated above. 222 Substituting 22b. DATE SIGNEO									
1		22c. PAVSICIAN'S NAME (Type) Lionel McHenry Mapp, M. D. Crownsville State Hospita								28/60 Maryl	
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 3-3-66 Mt Calvary Cety. ANNE Assure de Comment.										
	24	Jed	G. Hel	son!	348 M. Calh	loun St DATE	MAR 2 6	AR 25b. REG	listrar's s liant	es Ju	ege

MARYLAND STATE DEPARTMENT OF HEALTH

VR AI5 (4) 20M 1/65

NAOTO SELECTION SELECTION The state of the s Her Court of Mark Company of Carlo the fight, but began as as all bearings to an application of the a se Vitt delice y lang it is a man to the

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY the h COUNTY a. STATE after MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town). c. CLTY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours hours .⊑ MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? YES NO DE and completely remove carbon p within DATE OF DEATH 3. NAME OF Midel Month Last DECEASED event, (Type or privit) 1960 executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Jast birthday) Months Days any WIDOWED DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT physician en please r 10b. KIND OF BUSINESS OR 11./BIRTHPLACE (County & State, or foreign country) lease and ir be during most of working life, even if retired) INDUSTRY COUNTRY? rusell aurell certificate removal, MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) \((If yes give war or dates of service)\) 16. SOCIAL SECURITY NO. INFORMANT Addres ed by the attenctransit permit. 17. death INTERVAL BETWEEN in signed by the burial-transit p burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). the hospital or attending physician. DUE TO Conditions, If any, which (b) been gave rise to Immediate this certificate has been detached for use as the e Dept. of Health prior to DUE TO cause (a), stating the underlying cause last. (c). CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO Z PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20b. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While After Id be d e State 19 at work at work p.m. FUNERAL DIRECTOR: P director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at. 22a. SIGNATURE 22b. DATE SIGNED TO FUNERAL DIRE director, page 3 should be filed v be STAFF PHYS. ATTENDING PHYS. MED. DIRECTOR FO HOSPITAL OF Page 4 may t Hahn Professional Building PHYSICIAN'S ADDRÉSS 22c. NAME (Type) Ray M. Smith, M.D. Severna Park, Md. 23c. (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tewn or county) REMOVAL (Specify) REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR B VR AIS

MARYLAND STATE DEPARTMENT OF HEALTH

20M 1/65

14010

The fight and DANNING AND SIGNATURE

Smith, H.D. Smith, H.D. Severna faring fact, Inc.

completely filled in by the funeral

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01697	
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CERTIFICATE OF DEATH

01646

PLACE OF DEATH					ENCE (Where deceo	sed lived, if institution	n: Residence be	fore admission)
o. COUNTY	A	d= 1	MARYLA	o. STATE	Maryland	b. COUNT		Arunde 1
1 4171/ 00 701/11/	Anne Arun					ote limits, write RURA		
b. CITY OR TOWN (I	f outside corporate limit	5,	c. LENGTH OF STAY IN	to Citt ok low	is (it outside corpore			nest town)
A	nnapolis					Pasad	dena	02-1
d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitol, giv	ve street oddress)	d. STREET ADDI	RESS			e. IS RESIDENCE ON A FARM?
	Arundel Ger			11:	Maple A	VODUO		YES NO
I. NAME OF DECEASED		irst	Middle	Lost	4. DATE	Month		Doy Year
(Type or print)	Ba	by		CARMEAN	DEATH	February		1 19 66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		AGE (In years	IF UNDER 1 YEA	
Female	White	WIDOWED	DIVORCED	TEAL	11 1066	lost birthdoy)	Months Do	ys Hours Min
				February	(County & State, or fo		12. CITIZEN	
Oo. USUAL OCCUPATION luring most of working.	(Give kind of work done		D OF BUSINESS OR	1	,		COUNTR	Y?
	ant	IND	OU. N. I	Anne	Arundel,	rid.		U.S.
3. FATHER'S NAME				14. MOTHER'S I				
	Myrlon Car	mean			Evelyn P	. Holebro	ok	
. A. P P. C. S.	*		OCIAL SECURITY NO	17 INFORMANY		Addres		
Yes no or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16. St	OCIAL SECURITY NO.	17. INFORMANT				
NO NO	In leading and or goles	N	bne	Myrlon H.	Carmean, 1	13 Maple.	Ave, Anr	napolis
T., 2000- 00 0	APIN IF .							INTERVAL BETWEEN
I 18 CAUSE OF DE	AIH (Inter only one co.	use per line for f	o). (b). ond (c).)					
PART 1. DEA	ATH (Enter only one co	20		.74			4	ONSET AND DEATH
PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	20	o), (b), and (c).)	174				
7625	TH WAS CAUSED BY:IMMEDIATE CAUSE DUE	(o) PR	ematur					
PART 1. DEA 7625 Conditions, if ony	TH WAS CAUSED BY: IMMEDIATE CAUSE DUE , which gove)	(o) PR	ematur	TION OF	hung-s			
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please regions carban papers. Pag should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and many event, within 72 hours, VR A15 (4) 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEDTICICATE OF DEATH 1., 3. 5. 10 du 13 15 (Y MEDICAL CERTIFICATION

Bat 1	III bs.			CERI	IFICAL	E OF D	EAIN				OTA	120/
1.	PLACE DF DEAT a. CDUNTY	Н						(Where dece	ased lived, If in	stitution: Res	sidence be	fore admission)
	ANNE AR	RUNDEL			MARYLAND	a. STA	MARY	LAND	b. cou	NTY HOWA	RD	~
	b. CITY OR TOW	/N (if outside corp and give nearest	orate limits			c. CITY DR	TOWN (If o	utside corp	orate limits, w	rite RURAL a	nd give i	nearest town)
		ORGE G ME		3 DAT	rs	JESSU	JP			/	3 -	2
	d. NAME OF HO	SPITAL OR INSTIT	UTION (if no	t in hospital, give st	reet address)	d. STREET	ADDRESS				0.	S RESIDENCE ON A FARM?
	KIMBROU	IGH ARMY H	HOSPITA	AL		BOX 3	L77				YES	
3.	NAME OF DECEASED		First	MIdd	le	Last		4. DATE	Mont	th	Day	Year
	(Type or print)	DENI		TIND	IEL	CARTER		DEATH	FEBRUAR		12	19 66
5.	SEX	6. CDLOR OR RA	CE 7. MAR	RIED NEVER MA	ARRIED	8. DATE OF	BIRTH	9.	AGE (In years last birthday)			UNDER 24 HRS lours Min.
	FEMALE	NEG			ORCED	NOVEMBI	ER 17,	64	1 yrs.	I III I		
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	***					PORTSI	HTUOM	NAVAV	IRGINIA			USA
13.	. FATHER'S NAM	ME.				14. MDTH	ER'S MAIDE	N NAME				
	RICHARI	W. CARTE	ER			10 JE	ARM	AN, S	SYLVIA	ANI	Net	Te
		EVER IN U.S. ARME		16. SDCIAL SECUR	TYNO. 17.	INFORMANT			Addre	:SS		
,	•••				RTC	HARD W	CART	ER BO	X 177.	JESSUP	, MD	
	18. CAUSE DF	DEATH [Enter onl	y one cause	per line for (a), (b),							INTERV.	AL BETWEEN
	PART I. D	EATH WAS CAUSED	BY: C	ARDIORESPI	RATORY	ARREST					ONSEI	AND DEATH
	493	V										
	Conditions, If		DUE TO H	YDROCARBON	PNEUMO	NIA						
	gave rise to	immediate ((b)									
	cause (a), s underlying cau	tating the	(c)									
NOI		- 1		TRIBUTING TO DEATH	BUT NOT REL	ATED TO THE T	ERMINAL DI	SEASE COND	ITION GIVEN IN	PART 1(a)		AS AUTDPSY
CERTIFICATION		UNKNO	NA								YES	ERFORMED?
TIF	202 ACCIDENT	WAS LINDERLYING	12	Ob. DESCRIBE HOW	INJURY OCC	URRED. (Enter	nature of	injury in Par	t I or Part II	of Item 18.)		
CER	OR CONTRIBUT	ING CAUSE DF	DEATH AMINER)									
		INJURY Month, D		20d. INJURY OCCURR	ED 20e. PL	ACE OF INJUR	Y (Home, far	m, 20f. (0	(Ity or town)	(Coun	ity)	(State)
MEDICAL	Hour a.			While Not While	fact	ory, street, offi	ice bldg., etc	c.)				
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	21. I certi	ty that my this i	TERRITA	RY 12 19 60	and the	t death nece	irred ab					
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	~) or wal	1-3 -	// XX	~~~ M	D. PHYS.	NG M	IED.	STAFF PHYS.	FEBRU	VOA	12.196
	22c. PHYSICI	AN'S		2.	7		DDRESS	INCOTON L	J 11113. L.J.	PEDRU	AUT	12,170
15	NAME (T	ype) DOUGIAS	5 D. S	TRONG, CAP	r, MC	KIMBI	ROUGH	ARMY H	OSPITAL	, FT M	EADE	MD
238			ATE THEREO	F 23c. NAME	OF CEMETER	Y OR CREMAT	ORY	23dL00	CATION (City, t		nty)	(State)
	REMOVAL (So	gelfy) 2-	16-66	Firs	t Bar	tist.		Je	ssup,	Ma.		
24	. FUNERAL DIR	ECTOR/		ADDRES	SS	i		D BY REGIS		REGISTRAR'S		
11	KHLEU	Lide	enok	e Rock	ville	, Ma.	DATEB	18 19	366 80	tiarle	Jus	tige

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MARYLAND STATE DEPARTMENT OF HEALTH

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er deoth	by the funeral Pages 1 and nours after death			PLACE OF DEATH o. COUNTY	Anne Aru	ndel	MARYLAND	0. 5	OTATE	(Where deced	sed lived, if institu b. COU	101757	ce before c	
afte	the fur ges 1 after			b. CITY OR TOWN (I	f outside corporate limi give nearest tawn)	ts,	c. LENGTH OF STAY IN 1b	c. CITY			ote limits, write RL	IRAL ond giv	e neorest t	own)
OUrs	s. Pag hours	THE		Anna	polis		4 days		Gar	mbrilla	3		02	-/
e executed within 24 hours after deoth	C S	53			al or institution (if n			d. STR	REET ADDRESS				e. YES	S RESIDENCE ON A FARM? NO X
withi	event, within 72			NAME OF DECEASED (Type or print)	Raymo	irst ond	Middle B •	СНА	Lost NEY	4. DATE OF DEATH	Februr		Doy 16	Year 19 66
xecuted			S.	ale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		OF BHATH		9. AGE (In years last birthdoy) 74 yrs.	IF UNDER Months		UNDER 24 HR Hours Min.
100	0 .=		dur	ng most of working	(Give kind of work done life, even if retired) owner -ope	INI	ND OF BUSINESS OR DUSTRY aw mill		Mary L	nty & Stote, or fe	oreign country)	12. CI CC	TIZEN OF W	HAT
ficate	physician en pleose ovol, ond		13.	FATHER'S NAME	owner ope.		aw III.I.I.	14. M	OTHER'S MAIDE					
cert	phy hen novo			Alfred	R. Chanev				Am	elia W	Brown			
ath	ottending permit. The ion, or remo		1S. {Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes		OCIAL SECURITY NO.	17. INFORMA	ANT		Addr	ess		
de	ottendi permit. on, or r	101		no			219-32-1755	awrenc	e Chan	ey-son	Box 96	Gambr		
requires that the death cert					ATH (Enter only one co TH WAS CAUSED BY:	Co	(o), (b), ond (c).)	Hear	×7	gritz	10			AL BETWEEN AND DEATH
ion.	tronsit cremot		7	512x	IMMEDIATE CAUSE	(o) TO	1	1~		1.			-	
uires	igned urial-t urial,			Conditions, if ony,		(b) (//-	n. nephr	1hr	2 8	Ma	lmic	1	20	yrs
req				rise to immediate stating the under		TO								V
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IG PHY	detacte Dep		MEDICAL	20c. TIME OF INJU Hour o.n	10	20d. IN While of work	Not While		JURY (Home, fo et, office bldg., e		(City or town)	(Co	unty)	(Stote)
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TEN	OR: A	129			eceosed alive on_	Feb.	1619_66_, ond	that death		91 6:10 Pi	M, fram causes			stated obov
OR Al	3 sho			22d. SIGNATURE	111111	VK.	Ihm an	M.D. ATT	TENDING	HALL	STAFF PHYS.	7 226. 0	ATE SIGNED	1/2
-	L DIR	1		22c. PHYSICIAN'S			9781 08	22	2d. ADDRESS				763	wy_
SPITAL 4 may	er, p			NAME (Type)	TAXAL TOO			31			re., Anna			
Poge 4 may	Tech Don		230	REMOVAL (Specify Burial	DN, 23b. DATE TH		23c. NAME OF CEMETERY		YSC		OCATION (City or To		(County)	(State)
00	5 2	0	24	Burial FUNERAL DIRECTO		1/66	Ft. Linco	ln	2So. RE	C'D BY REGIST	shington RAR 25b. R	D.C.	GNATURE	
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Hopping Funeral Home /-/

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Charles Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

		MARYLAND ST	TATE DEP	ARTME	NT OF H	EALTH			
DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS,	301 W. P	PRESTON	STREET,	BALTIMORE	1, MARY	LAND
		CEDI	CICICATE	OF D	CATH			11.4	0 4

	DS, 301 W. PRESION STREET, BALTIMORE 1, MARYLAND
01700 CERTIFICA	TE OF DEATH 01647
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
a. COUNTY	a. STATE b. COUNTY D
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	A A
C-led BURNIE	Clearwater Beach 02-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	s) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
North Hrundel	805 Julio P Ra YES NO E
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) ELIZABETH CZ	net DEATH FEB 19 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
F WIDOWED DIVORCED D	aug 23, 1903 (ast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	A Call
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	West Cours
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (If yes give war or dates of service)	Address Address
NO I	Tamely Dame
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LAFARCTIO	of mylcardium I day
4201 pur To	
cenditions, if any, which) (b) ARTERIOSCIER	otic heart disease 2 minths
gave rise to immediate	
underly stating the	
	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
15	PERFORMED?
New C	YES NO X
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTION C	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
P.m. 19 While Not While at work	
21. I certify that ++) (this hospital) attended the deceased from_	Feb 19, 19 65 to Feb 17, 1966 that (1) twe) las
	nat death occurred at 332M, from the causes and on the date stated above
22a/ SIGNATURE	22b. DATE SIGNED
Tosenh a. Mena In	ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DIRECTOR DIR
22g/. PHYSICIAN'S	22d. ADDRESS
NAME (Type) A. MERD JE M-L	Seveen PARK, MC.
	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	Halm Colon Burne me
24. FUNERAL DIRECTOR ADDRESS	25a. RECID BX REGISTRAR L 25b. REGISTRAR'S SIGNATURE
McCally Funct for 23) out pace	FEB 23 1966 James Judge

DATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retoined the haspital ar attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the haspital are attending physician and completely filled if the funeral director, page 3 shauld be catached for use as the buriol-transit permit. Then please remove carbon papers, Pages 1 and should be filled with the registror prior to buriol, cremotian, or remayal, and in ony event within 72 hours after death.

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SURAL COLORITI WAS INDESCRIPTION SURVEY ADDRESS A DATE ADDRE	Y	o. COUNTY A M ME A Yourdel MARYLAND	2. USUAL RESIDENCE (Where deceded or STATE	osed lived. If institution: Residence	
3. MANE OF DECRASION COURT ON COURT OF MICE AND		RURAL and give nearest town)	White Holl	rporate limits, write RURAL and giv	re nearest town)
DECATE DECATE		18th But 233	despreet ADDRESS	ox 233.	e. IS RESIDENCE ON A FARM? YES NO
100. USUAL OCCUPATION (Give kind of work done to be provided to be		(Type or print) Charles Jellan Con	ST DEAT	TH 2-25-6	/
13. #ATHER'S NAME 15. WAS DECEASED FUR IN U. S. ARMOD FORCES? 16. SOOTH ECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (of) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE C		WIDOWED DIVORCED D	Morch 18, 198	5 9 yrs. Months D	oys Hours Min.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (pt) 19. CAUSE OF DEATH [-	Truck Devel O Source	e Bothu	ord well citize	EN OF WHAT COUNTRY?
18. CAUSE OF DEATH Enier only one couse per line for (o), (b), and (pf.) 18. CAUSE OF DEATH Enier only one couse per line for (o), (b), and (pf.) 18. CAUSE OF DEATH Enier only one couse per line for (o), (b), and (pf.) 19. Conditions, if ony, which DUE TO		Fronk K. Collin	· Olma	Bosch.	
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State Stat		Conditions, if ony, which gove rise to immediate	Hodglein	s Descos	2
20c. TIME OF INJURY Month, Day, Year 19 20d. INJURY OCCURRED While Not while of work o	1	lying cause last. (c)	I NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1	(a) 10 WAS ALITOPSY
20c. TIME OF INJURY Month, Day, Year 19 20d. INJURY OCCURRED While Not while of work o					PERFORMED?
21. I certify that I attended the deceased from 1900, 19, to 1904, 1904, that I last saw the deceased alive an 1904, 1909, and that death accurred at 1904, from the causes and an the date stated about ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) PHYSICIAN'S (Street, city or town, state) PHYSICIAN'S (STREET, city or town			ED. (Enter nature of injury in Port I or P	ort II of item 18.)	
actual signature Physician's NAME (Type) 220. Burial, Cremation, Removal (Specify) 231. Funeral director's signature ADDRESS (Area of Camerican accurred at Andrews and an the date stated about the causes and an the causes and an the date stated about the causes and an the causes an	A DI CINE	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P. Hour a. m. 19 While Not while of work all work 19		ity ar town) (Cou	unty) (Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify) 3/1/66 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (Street, city or town, state) DATE SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			10		
PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF REMOVAL (Specify) 3/1/66 22c. NAME OF CEMETERY OR CREMATORY Glen Haven 23d. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		De sortina a		DATE SIGNED	
NAME (Type) 220. BURIAL, CREMATION. 220. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220. LOCATION (City, town, or county) (Stote) 3/1/66 3/1/66 Glen Haven 240. REC'D BY REGISTRAR 240. REC'D BY REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE		0 11 /4 11	MO. 0,0. 130	1500	2 2066
REMOVAL (Specify) 3/1/66 Glen Haven Glen Burnie, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	2	NAME (Type) Rober (1.71 1977)	Nr Deve	sua Joyi	ud
		DEMONAL (Specific)	DR CREMATORY 22d. LOC		
The state of the s	23	161. 4 1 1R 1	240. REC'D BY REG	15TRAR 246. REGISTRAR'S SIGN 1966 Cleanley Q	ATURE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

A	OTTO			CEKTIFICA	IE OF DEATH			111	649
¥	o. COUNTY	Anne Arur	ndel	MARYLAND	2. USUAL RESIDENCE (V	Where deceased li	h COUNTY	Residence befo	
	b. CITY OR TOWN write RURAL an	If autside corparate limits, d give negrest town)	C.	LENGTH OF STAY IN 16 5 days	c. CITY OR TOWN (If ou	tside carporote lin	mits, write RURAL		st town)
73	d. NAME OF HOSPI	AL OR INSTITUTION (If not del General			d. STREET ADDRESS Box 136				e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Firs Char		Middle Edgar	Lost	4. DATE OF DEATH	Month Februar	y 2	
	s. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED		8. DATE OF BIRTH	9. AG		UNDER 1 YEAR	Hours Min.
	10a. USUAL OCCUPATIO during most of working Shop Tea	(Give kind of work done life, even if retired) Cher (Ret.	INDUS	of Business or try ic School	11. BIRTHPLACE (County	& State, or foreign		12. CITIZEN O COUNTRY	F WHAT
	13. FATHER'S NAME Richard				14. MOTHER'S MAIDEN I			ALL S	
	1S. WAS DECEASED EV	R IN U.S. ARMED FORCES? (If yes give war ar dates of WW I			. Marquer:		Address	(same	as #2
	18. CAUSE OF DE PART I. DEA	EATH (Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Shoc	(b), and (c).) K				4 01	TERVAL BETWEEN NSET AND DEATH CLAYS
	rise to immedia stoting the und- lost.	re couse (a), or proving couse Out T	Arte	riosclero	ior) myoca: sis, gener	al and	corona	ry -	years
0	HYPET 200. ACCIDENT WA OR CONTRIBUTING	ENSIGN BU SUNDERLYING CAUSE OF DEATH	iabete	s mellitu emphysema	D. (Enter noture of injury in	and ver	ntricul		WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF IN.	MEDICAL EXAMINER) URY Month, Doy, Year m. 19	20d. INJUR While	Not While f	PLACE OF INJURY (Hame, farm actory, street, affice bldg., etc.)		ty or town)	(Caunty)	(Stote)
	21. I cert	ify that (I) (1960)	Cattended	the deceased fram	DEC 2 , 1 nat death accurred at	9 65, to	Feb. 24 am causes and	_, 19 _66 t d an the da	hat (I) (we) last te stated abave
1	22a. SIGNATUR	Maler	Viz	<u></u>	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	Feb 2	NED 4, 1966
		Charles W.			South Rive				-
	23g. BURIAL, CREMATI	L Feb. 28	7,1466 2	ac. NAME OF CEMETERY CO Crlington N ADDRESS	ationed Cimiles	y arli	ON (City or Town)	(Count (count (c	prainin
	24 FUNERAL DIRECT	unise Home &	Puc 254	Canall DINI	W. DATE ET	BY REGISTRAR 25 19	250. KEGIS	arles &	udge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove graban papers. Pages 1 and 2

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is desary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

763 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()165()

1.	a. COUNTY HAINE HOUSE	USUAL RESIDENCE (Where deceased lived, If Institution: B a. STATE b. COUNTY	esidence before admission)
1	b CITY OR TOWN (If outside corporete limits, c. LENGTH OF STAY IN 1b c. Cl wylte Rural and give nearest town)	ITY OR TOWN (If outside corporete limits, write RURAL	end give neerest town)
	MNNAPOLIS	DOGEWATER	02-1
H	TOAR A A OCUEDAL Macent	TREET ADDRESS	e. IS RESIDENCE ON A FARM?
3.	3. NAME OF STIFFT Middle	Lest 4. DATE Month	YES NO
	(Type or print) BERTHA M. CORDO	ONE DEATH 2	18 1966
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO DIVORCED DIVORCED DIVORCED DIVORCED	9. AGE (In years birthdey) 12-/9/4 3 lest birthdey) yra.	Days Hours Min.
10 du	10s. USUAL OCCUPATION (Give kind of work dons during most of working life, eyen if retired) 10b. KIND OF BUSINESS OR 11.	BIRTHPLACE (State or foreign country) 12. C	TIZEN OF WHAT
	HOUSEWITE HOME W	ASHINGTON D.C.	4.3.17.
1,	13. FATHER'S NAME WHITE	WOTHER'S MAINEN NAME.	
A	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	MANT Address O	
L	JOSE	EPH CORDONE #2	
-	18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).1 PART I, DEATH WAS CAUSED BY:		ONSET AND DEATH
	IMMEDIATE CAUSE (a) Contenting of them		elfe.
1	Conditions, If any, which) (b)		
	gave rise to immediate cause (a), stating the DUE TO		
-	undarlying causa last. (c)	CIPTERNING RIGHT CANDIS AN AUGUST IN PARTY CA	119. WAS AUTOPSY
CATIO	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4)	PERFORMED? YES NO
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter natura of injury in Part I or Part II of Itam 18	.)
	3 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF	INJURY (Home, farm, 20f. (City or town) (Cou	unty) (State)
MED	Hour e.m. While not While p.m. 19 at work et work		
	21. I certify that I took charge of the remains described above, held an I		and in my opinion
	death resulted from Natural causes , Accident , Suicide	, Homicide, Undetermined manner	
	ACTUAL M.O. M.O.	ACCIOTANT MEDICAL EVANINED	22. DATE SIGNED
	EXAMINERS	DEPUTY MEDICAL EXAMINER	1 /
22	NAME (Type) 23a. BURÍAL, CREMATION, 1 23b. DATE THEREOF, 1 23c. NAME OF CEMETERY OR CF	Address (Street, city, town, or county) REMATORY 23d, LOCATION (City, town of co	unity) (State)
-	Burnay A (Specify) 2-21-66 CEDAR HILL	SuitLAND	MD-
2	24. FONERAL DIRECTOR O C AOORESS OF N. A	25a. REC'O BY REGISTRAR 25b. REGISTRAR FFB 2 3 1966 Charl	
1	John M. Joy For & Jours Uniopoles, Md.	OAFEB 23 1966 Jeliano	2 Judge

02911 HINE HRUNDEL - LOUISH JUNA EDGEWATER ALUNA POLIS DOA. A.A. GEDERAL HOSPT. CAPELOCH HAVEN BERTHA M. CORDONE MAY 12-1914 51 HOME WASHINGTON D.C. (1.5.1) HOUSE WITE Susie Fewkes JOHN WHITE JOSEPH CORDONE #2 SaltLAND BURIAK S-21-66 CEDAR HILL wh. M. Lytonsons amopalis, Med.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17704 CERTIFICATE OF DEATH 11704

1. PLACE DF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY A A COUNTY
MARYLAND MARYLAND	,,,=
b. CITY OR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
MACATAL ANNAPOLIS	Edgewater
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS e. IS RESIDENCE DN A FARM?
D.O.A- Avne Akundel. general.	wood land . Deach YES NO
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
	Repo DEATH 2 - / 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	last birthday) Months Days Hours Min
MALE CAUC WIDDWED DIVORCED 2	JUN 23, 1900 65 yrs.
10a. USUAL DCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS DR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
U. S. GOV'T RET. PAINTER	INDIANIA U.SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALBERT WARREN CRAPO	LYDIA PHEMISTER
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. (Yes, po, or unknown) (If yes give war or dates of service)	INFORMANT PO POLY
YES WWII 578 09 2434MG	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I IMPERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	DNICET, AND DEATH
IMMEDIATE CAUSE (a)	post of
DUE TO	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA.	YES ND
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION OF CONTRIBUTIO	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	E DF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factory	y, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	, 19 to 2/1/66, 19 that (I) (we) last
	death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
(fuelled , o M.D.	PHYS. MED. STAFF PHYS. 2-166.
22c. PHYSICIAN'S NAME (Type)	22d. DDRESS
E-LIW NATURY.	Compas-Min
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	OR CREMATDRY 23d. LOCATION (City, town or county) (State)
BURIAL FEB 4, 1966 ARLINGTON A	LAT CEM. ARLINGTON VIRGINIA
24. FUNERAL DIRECTOR ADDRESS,	NE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
LEE FINERAL HOME WASH DC	and a
HEE FUNERAL HOME WASH ., D.C.	DATEFEB 7 1966 Milanles Judge

VR A15 (4) 2DM 1/65

4 1001 4 1100 ·· 610 Ergenales -Buck. Do A- Ame Heardel: garaged. . . weed land Beach Berjamin F CROPO NAME CAUC. BUT BON TO 1900 65 GIVE SET LEPAINTEL SET LIBERT TO ST. U.S. U. PETERMENT AIGHT CRASS MESSAW TESSELA YES WWII SHOW SEED OF THE WAR Cardine disser-2/1/66 Grangels - ned - O.G. Lincay Brown William Paris

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral—director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF ST.	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1, MARYLAND
01705	CERTIFICATE OF DEATH	01652

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Anne Arwall "MARYLAND	a. STATE M.D. b. COUNTY A A Co
b. CITY OR TOWN (if outside corporate limits. Legent DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give neares town)
write RURAL and give nearest town)	Se erua Part well
d. NAME OF HOSPIJAL OR INSTITUTION (if not in respital, give street address)	d. STREET ADDRESS 02 - / 0. IS RESIDENCE
Anne Arundol Lou	517 white OAK. YES NO.
3. NAME OF DECEASED First Middle	-Last 4. DATE Month Day Year
(Type or print) VAILES, Cricch	DEATH / - C - 10
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 1049. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
M NIDOWED DIVDRCED	lpul 30, 1, 6/ yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?
13. PATHER'S NAME	Come Holy W-S
John Ericchi	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYND. 17. (Yes, no, or bakewin) (If yes give war or dates of service)	INFORMANT Address
1/81 - 1/52/059931	Migant H. Crieche - Core
18, CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (e)]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ! . Coregos Level	Heart facell
DUE TO ON Si 2	8.
Cenditions, if any, which (b)	. 12
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES NOT
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
S tacto	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
P.m. 19 While Not While at work at work	
21. I certify that (I) (this hospital) attended the deceased from/_	958 ,190, to 1966, 19 , that (1) (we) last
	death occurred at M, from the causes and on the date stated above.
22a: STGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Tobel Clarati	PHYS. DIRECTOR PHYS.
22c. Physician's NAME (Type) Robert R. Halm	22d. ADDRESS P.O. Box 73 Savelua Oark
23a. BURIAL, CREMATION, 230. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or) county (State)
REMOVAL (Specify) 2-12-66 Year 1	Jarem Ster Serve ho
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Tobal St. Bangage, Several	h had DAFEEB 14 1966 foliantes Judge
The state of the s	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1)	01706		CERTIFIC	CATE OI	DEATH		016	53
1.	PLACE OF DEATH a. COUNTY Anne Arundel MARYLAND			a	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY			
	Sever	N (if outside corporate and give nearest town) na Park,			Baltin	utside corporate limits, wri nore - 21218	3 30-	. 4
		thy Court	(if not in hospital, give street ad		331 The	Alameda		ON A FARM?
	NAME OF DECEASED (Type or print)	John Firs	t Middle T.	Crouch		4. DATE Month OF DEATH Februa	ary 12	Year 1966
1	sex Male	W	. MARRIED NEVER MARRIED WIDOWED NEVER MARRIED	12/	E OF BIRTH 26/1889	yrs.		
dur	I USUAL OCCUPATION MOST OF WORK RECTIFIE FATHER'S NAM	Ing life, even If retired) ≥X	ne 10b. KIND OF BUSINESS OR INDUSTRY Md.Distiller	y	BIRTHPLACE (COU Baltimor MOTHER'S MAIDE		12. CITIZEN C	F WHAT
		John Crou			August	ta Erne		
15 (Ye	. WAS DECEASED es, no, or unkown)	EVER IN U.S. ARMED FORC (If yes give war or dates of s	ces? 16. social security no. 212-01-0388	John		Addres cher,3059 Ma	2121	
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO any, which	o Otina	I ve 1 Seler	bate &	failure andersande	ding	2 mynt
SATION	gave rise to cause (a), si underlying cause PART II. OTHER S	tating the DUE To se last. (c		OT RELATED TO	THE TERMINAL DI	SEASE CONDITION GIVEN IN	PART 1(a) 19.	WAS AUTOPSY PERFORMED?
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINE	20b. DESCRIBE HOW INJUR	Y OCCURRED.	(Enter nature of I	Injury In Part I or Part II o		
MEDICAL	20c. TIME OF Hour a.r p.i		ear 20d. INJURY OCCURRED 20 While Not While at work at work	Oe. PLACE OF I factory, stree	NJURY (Home, far et, office bldg., etc	m, 20f. (City or town)	(County)	(State)
	21. I certif saw the de 22a. SIGNATU 22c. PHYSICIA NAME (T)	ceased alive on F	tal) attended the deceased from 1966, and the tall the ta	M.D. ATT	ending M s. Di	PM, from the causes ED. STAFF IRECTOR STAFF PHYS. SSIONAL Bldg.	and on the date	NED
238	REMOVAL (Spi Buria	MATION, 23b. DATE TH ecify) 2/16/6	EREOF 23c. NAME OF CE	METERY OR CR	EMATORY tery	Baltimore	e, Md.	(State)
\$ 34	chimune	K Funeral	Home, Inc.			D BY REGISTRAR 25b. RI	EGISTRAR'S SIGNA	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then presse remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. e executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by Page 4 may be retained by the hospital or attending physician.

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212-01-0388 John S. Croudner, 3050 Hay Salv Iva.

Saltinore - 21218

irrin: 2/L/on Parkwood Cametery Pallimore, W.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 and 2 ar death. death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY Illinois Anne Arundel MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d in by rs. Pag hours hours Annapolis Aurora d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADORESS 2 Anne Arundel General Hospital 740 Lebanon Ave.. withi within completely NAME DE First Middle Last DATE Month DECEASED CURRY Raymond February (Type or print) DEATH DPUF executed evel 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove NEVER MARRIED last birthday) any and Male White Sept. 2, 76 WIDOWED DIVORCED 1889 nding physician a . Then please re removal, and in lease re 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even is retired) 11. BIRTHPLACE (County & State, or foreign country) pe Michigan certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending parmit. Then Address Sum NER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. INFORMANT 0 death (Yes, no, or unkown) (If yes give war or dates of service) cremation, the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), been signed by the the burial-transit or to burial, cremati law requires that the PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which gave rise to Immediate DUE TD cause (a), stating the prior underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate h for use Health this certimed for detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) director, page 3 should be de should be filed with the State Hour a.m. While Not While retained by at work at work 21. I certify that (!) (CONCONCIONAL) attended the deceased from 21 Feb. JAN 1966 to 19 66 M. from the causes and on the date stated above. saw the deceased alive on_ ... and that death occurred at 224. SIGNATURE 12:45 be page MED. DIRECTOR ATTENDING M.D. PHYS. 4 may HOSPITAL CAHYSICIAN 22d. ADDRESS director, p NAME (Type) S. Franklin St., Annapolis, Edward Beck. M.D. 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREDF NAME OF CEMETERY OR CREMATORY REMDVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

Year

19 66

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTDPSY

PERFORMED?

ND X

(State)

(State)

YES T

(County)

1966

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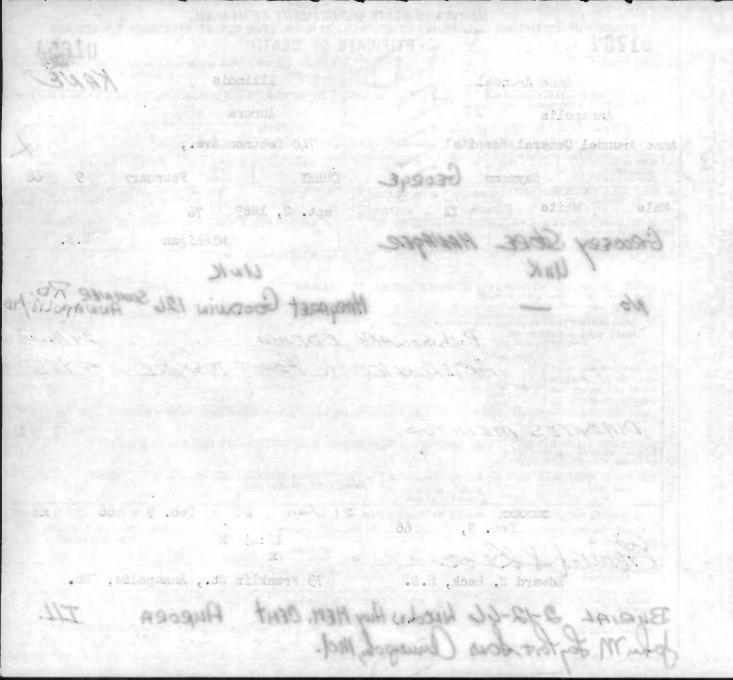
22b. DATE SIGNED

Day

12. CITIZEN OF WHAT COUNTRY?

Months | Days

VR A15 (4) 20M 1/65



FOR STATE DEPT HEALTH

54

O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MED

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1, and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after degrin-0

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

	01708	MEDICAL	EXAMINER'S	CERTIFICAT	E OF DEATH	01656
1	PLACE DF DEATH a. COUNTY			2. USUAL RESIDEN	CE (Where deceased lived, If Ins	stitution: Residence before admission)
1	Anne Arun		MARYLAND	M	laryland	Anne Arundel
	b. CITY OR TOWN (if outside write RURAL and give neer	corporate limits, rest town)	C. LENGTH OF STAY IN 1	c. CITY OR TOWN (I	f outside corporete limits, wr	ite RURAL and give nearest town)
	Glen Burn	nie	2 weeks	S	everna Park	02-1
4	d. NAME OF HOSPITAL OR INS	TITUTION (If not in ho	spital, give street eddres	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		ındel Hospit	tal	1	03 Sherborn Ro	ad YES NO
	3. NAME OF DECEASED	First LINDA	Middle	Last	4. DATE Month	
-	(Type or print) 5. SEX [6. COLOR OR		J.	DAVIES	DEATH February	10
	Female Whit	e WIDOWED	DIVORCED _	8. DATE OF BIRTH 9-8-4	9. AGE (in years last birthday) 17 yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATION (GIVA kind during most of working life, even large to the lar	of work done 10b. Ki	1 6 /	- Rhud	Stete or foreign country) Le Solan	12. CITIZEN OF WHAT COUNTRY!
	Celhed	l e. I	James	14. MOTHER'S MAII	Brown	
	15. WAS DECEASED D'ER IN U.S. AF (Yes, no, or ankown) (If yes give war	RMED FORCES? 16. S or dates of service)	SOCIAL SECURITY NO. 1	INFORMANT	& Address	s Blowe
=	18 CAUSE OF DEATH [Enter	only one cause per lin	ne for (e), (b), and (c),]	represent	C. Barrer	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAU			•		ONSET AND DEATH
	8164	DUE TO				
1	Conditions, If eny, which		re of Lacera	tion of Aort	a.	
1	geve rise to immediate cause (a), steting the	DUE TO				
1	underlying couse last.	(c)				
	PART II. OTHER SIGNIFICANT CO	DNDITIONS CONTRIBU	TING TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTDPSY PERFORMED? YES X NO
	20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTION CAUSE OF DEATH.	G D 20b. D	ESCRIBE HOW INJURY OF	CURRED. (Enter nature o	f injury in Part i or Part II o	f Item 18.)
				-auto collis		
	20c. TIME OF INJURY Month Hour XXXX 2/ p.m.	h, Day, Year 20d. IN 3 66 While 19 et work	Not While of fa	PLACE OF INJURY (Home, for ctory, street, office bldg., of Street	arm, 20f. (City or town) etc.) Severna Par	(County) (State) k A.A. Md.
	21. I certify that I took			held an Autopsy 😾 .	Inspection . Inqu	iry . and In my opinion
		Natural causes []	/ _	Suicide , Homici		manner
	ACTUAL (1-01	10	CHIEF MEDICA		22. DATE SIGNED
	SIGNATURE	naules	1 cay.	M.D. ASSISTANT ME	DICAL EXAMINER	
	EXAMINER'S NAME (Type) Charle	s S. Petty	N D	DEFOIT MEDIC		2/17/66
	1 Hame (1) be) CHALLE			Address (Stree	t city town or county)	
1	23a. PORIAL, CREMATION, 23b.	DATE THEREOF	23c NAME OF CEMEL	Address (Stree	t, city, town, or county) 23d. LOCATION (City, to	own or county)(State)
1	23a. PORIAL, CREMATION, 23b. REMOVAL (Specify)	DATE THEREOF	23c NAME OF CEMELI	RY DR CREMATORY		2 ml

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

	MARTLAND STATE DEPARTMENT OF HEALTH	
DIVISION	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
1700	CERTIFICATE OF DEATH	01657

1. PLACE DF DEAT a. COUNTY	Anne Aru		MARYLAND	2. USUAL RESIDEN a. STATE Max	CE (Where decear	sed lived, If institu b. COUNTY	Anne Ar	
Anna	N (if outside corporation and give nearest toward)		c. LENGTH OF STAY IN 16	RURAL -	Annapol		RURAL and give	nearest town)
	spital or institution lel General		spital, give street address	d. STREET ADDRESS				ON A FARM?
3. NAME DF DECEASED (Type or print)	Marga	rst ret	Middle Louise	Last DAVIS	4. DATE DF DEATH	Month February	Day 8	Year 1966
5. SEX Female	6. COLOR OR RACE	WIDDWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Jan. 7, 190		GE (In years IFL ast birthday) Mo	INDER 1 YEAR I	FUNDER 24 HRS Hours Min.
10a. USUAL OCCUPAT during most of work Housewif	IDN (Give kind of work ing life, even if retire e	done 10b. Kir d) INI	ND OF BUSINESS OR DUSTRY ************************************	11. BIRTHPLACE (C	ounty & State, or	Jersey	CDUNTRY2	F WHAT
13. FATHER'S NAM		rey		14. MDTHER'S MAIN	DEN NAME			
15. WAS DECEASED (Yes, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. S f service) NC		informant arvey F. Dav	is-Rt.3-	Annapold Box-244		
	EATH WAS CAUSED BY IMMEDIATE CAUSE O X DUE	(a) TO {//	le for (a), (b), and (c).]	(acedos		Disease	DNSE	VAL BETWEEN T AND DEATH
gave rise to cause (a), s underlying cause	Immediate tating the DUE	(b) 70 (c) 70	regulate X	Icalah The	Phlan.		20	yen
PART II. OTHERS 20a. ACCIDENT DR CONTRIBUT O(IF EITHER, ND	SIGNIFICANT CONDITIE	ONS CONTRIBUT	ING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDIT	TION GIVEN IN PAR	TT1(a) 19.	WAS AUTDPSY PERFORMED?
	WAS UNDERLYING DING CAUSE OF DEATIFY MEDICAL EXAMI	TH NER)	ESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury In Part	I or Part II of It	em 18.)	
20c. TIME OF Hour a.s		Year 20d. IN. While at work		ACE OF INJURY (Home, fory, street, office bldg., e		ty or town)	(County)	(State)
21. I certif	ceased alive on		high the M	at death occurred at 1:54 ATTENDING ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	the causes and STAFF PHYS. 22	d on the date 2b. DATE SIGN	t (I) (Mac) last stated above.
23a. BURIAL, CREM REMOVAL (Spi	Feb. 1		23c. NAME OF CEMETER Baltimore Na	tional V.A.	Balt	inore, Ma	aryland	(State)
24. FUNERAL DIRE		Annapo	lis, Maryland			66 JCh	strar's signa	

VR AI5 (4) 20M 1/65

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T. M. Vatesern, M.D. St. Deug St., Amstepolist, No.

Application of the control of the co

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE MARYLAND the funeral 5 may be Department after death. c. CJTY, OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CLFY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b Write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL/OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS delay and 3 to the Page State hours NO X YES 2, and PM3. DATE Month Day Year 3. NAME OF Middle Last 4. First DECEASED the 1966 DEATH (Type or print) 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED form Jast birthday) after death. If Give Pages 1 Months Hours DIVORCED WIDOWED event event Give Pa 12. CITIZEN OF WHAT BIRTAPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Luce ong FATHER'S NAME MOTHER'S MAIDEN NAME 14. 24 hours in Item 18 in he. File Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war,or datas of service) permit. should be executed within Examiner's 6 in pencil INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), Ab), and (c),] ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE 48 "pending"
Medical E cremation, DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating Chief ca ed as a burial, underlying cause last (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY CERTIFICATION PERFORMED? **EXAMINER:** This certificate the certificate, writing the 4 should be forwarded to the NO YES Since DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) be 20a. EXTERNAL CAUSE WAS PRIMARY T or CONTRIBUTING T should gent, pri CAUSE OF DEATH. 3 shou agent, MEDICAL 20e. PLACE OF INJURY (Home, farm, (County) (State) 20d. INJURY OCCURRED 20f. (City or town) Month, Day, Year TIME OF INJURY factory, street, office bldg., etc.) Hour a.m. Not While CTOR: Page designated at work at work Inquiry and in my opinion ook/charge of the remains described above, held an Autopsy Inspection 21. I certify that FUNERAL DIRECTOR: Health or its design Undetermined manner Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER Your DATE SIGNED Page ACTUAL execute ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE for DEPUTY MEDICAL EXAMINERS **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23c REMOVAL (Specifi) of REGISTRAR'S SIGNATUR REC'D BY REGISTRAR I 25b. FUNERAL DIRECTOR ADDRESS VR A15ME 3500 4-64

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AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH funeral USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporete limits, c. LENGTH OF STAY IN 16 OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) APOLIS . IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? HIPWRIGHT YES NO C completely Dey NAME OF Middle DECEASED OF DEATH (Type or print) 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. carbon 5. SEX MARRIED NEVER ds birthday) Months and WIDOWED W 1 12. CITIZEN OF WHAT COUNTRY? physician 13. FATHER'S NAME ding ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORM (Yes, po for unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: TERIOSCIEROTIC HEART IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? OF NO W YES T CERTIFIC, 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm,) 2Df. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Whife Not While Hour a.m. et work et work D.m 21. I certify that (I) (this hospital) attended the deceased from 11/30 1965 to 2/7 , 1966, that (1) (we) last 19.66., and that death occurred at & P. M. from the causes and on the date stated above. 22b. DATE STAFF SIGNED MED. DIRECTOR PHYS. PHYS. death. Page 4 O FUNERAL 22d. ADDRESS PHYSICIAN'S NAME (Type) director, 1 be filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a, BURFAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) FORT LINCOLN CREMATORY PRINCE GEORGE 0 REMATION 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) HUNAPOLIS 15M 7-62

VIAND STATE DEPARTMENT OF HEALTH

1,0, Fine ARINGEL 0.282/128/h AUNE ARGUBEL Aux HPOLES Presi APOLIS A A. GENERAL HOSPITAL 3 SHIPWRIGHT HARBOR MATHIAS LOUIS DERGE FEB MALE WHITE WHITE 1883 82 330 EXECUTIVE HANGTACTURING CAU CLARE WIS ANDA KNEAR MRS T.C. GILLMER # 2 TANKER STREET, WITH THE STREET CRUBTION 2-8-16 FORT LINCOLN CHEMTER PRINCE GEORGE CO MO JUHN M TAYLOR SOM HUNDREIS MO.

STA HEALTH DEPT

permit. File pages appear with the State Department removal, and in any event within 72 hours after death.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH

٦,	T OTSTO	HEDIONE ENAMINER O	OFILITIONIE OF BENTH	111100
	1. PLACE OF DEATH a. COUNTY Anne Arund	el MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If instituti a. STATE Maryland b. COUNTY	on: Residence before admission) Montgomery
	b. CITY OR TOWN (if outside corpor write RURAL and give nearest to	rate limits, c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest town)
	Annapolis	D.O.H.	XXXXXXXXXXXXX (Dno.	
>	Anne Arundel Gen	ion (if not in hospital, give street address eral Hospital	d. STREET ADDRESS 7230 Donoro Road	e. IS RESIDENCE ON A FARM? YES NO
	DECEMEED	First Middle	Lest 4. DATE Month	Oay Year
	5. SEX 6. COLOR OR RACE	XXX Perry	DOING DEATH February 1 844 DATE OF BURTH 199. AGE (In years LIF UN	18 19 66 NOER 1 YEAR IF UNIOER 24 HRS
	Male White	WIOOWEO OIVORCEO	last birthday) Mon 4445 yrs.	ths Oaya Hours Min.
	10a. USUAL OCCUPATION (Give kind of worduring most of working life, even if retined to the state of the state	rkdone 10b. KINO OF BUSINESS OR INDUSTRY Self-Employed	11. BIRTHPLACE (State or foreign country) Washington, D. C.	2. CITIZEN OF WHAT COUNTRY?
4	13. FATHER'S NAME		14. MOTHER'S MAIOEN NAME	
	William Perry Doing		Gladys Emig	
	15. WAS DECEASED EVER IN U.S. ARMEDI (Yes, no, or unkown) (If yes give war or dates	FORCES? 16. SOCIAL SECURITY NO. 17. s of service) 2/2-16-6039	. INFORMANT Clayton E. Doing Maryland	rsburg,
	18. CAUSE OF DEATH [Enter only of	one ceuse per line for (a), (b), and (c).]		INTERVAL BETWEEN
	Conditiona, if any, which gave rise to immediate	(b) Multiple Traumati (b) (c) (c)	te injuites.	
	CATIC	TONS CONTRIBUTING TO GEATH BUT NOT RE	LATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMEO? YES NO
	208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		CURREO. (Enter nature of injury in Part I or Port II of Ite	m 18.)
	CAUSE OF DEATH.		to into fixed object.	
7	20c. TIME OF INJURY Month, Oay Hour a.m. XXX 2/18 19	y, Year 20d. INJURY OCCURRED 20e. Pl While Not While Sac 4 work X	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.) Street	(County) (State) A.A. Md.
*		ge of the remains described above, h	eld an Autopsy X, Inspection , Inquiry	, and in my opinion
		- / -	uicide , Homicide , Undetermined man	ner 🗌
	ACTUAL COLOR	releas / Luis	M.O. ASSISTANT MEDICAL EXAMINER X	22. OATE SIGNED
	EXAMINER'S Charles	C Datter M D	Address (Street, city, town, or county) Md	2/18/66
	23a. BURIAL, CREMATION, 23b. OATE REMOVAL, (Specify)	E THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town of	or county) (State)
	Burial Jeb 21.	. 1960 Hrlington Na	tional Cemetery Arlington	Virginia
	Warner & Pumphrey	Inc. Silver Spring.	veure 252 REC'D BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE
	Marcher (. I murbing	, some owner opring.	Marie OATE	1 1

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TO DEPUTY MED

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or

O DEPUTY MEET EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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funeral thin 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page Amay be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. Filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death VR A15 (4)

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MARYLA	ND STATI	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	01713	CERTIFICAT	TE OF DEATH		01662
	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where dec	seased lived, If institution: F	lesidence before admission)
	·. COUNTY A A	MARYLAND	. STATE MATY ANGI	b. COUNTY A.	A.
	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside corpo	rata limits, write RURAL and	give naarest lown)
1	Xellthicum	45m-	1111	770°-L1	nthicum.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	ital, giva straet address)	d. STREET ADDRESS	1	IS RESIDENCE ON A FARM?
2	210 IV. Hamessond	Jerry Rd.	210 N. HAMMON		YES NO NO
1	3. NAME OF DECEASED A First	Middla	Last 4. DATE OF	Month'	Day Year
	(Type or print) HNNAC Sleth	ude Não	LEG - DEATH	Jeh 3	1 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH 9.	AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
	F WIDOWED	42	til- 15 /887	79 yrs.	
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or f	oraign country) 12. CITI	ZEN OF WHAT COUNTRY?
	H. W OWN	- Home	Freland		U. S. A
1	13. EATHER'S NAME		14. MOTHER'S MAIDEN NAME	un	
	Vortrick Contoran		Honorah	Muno	hu-
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S. (Yes, no, or unkown) (Ifyasgivewarordatasofservica)	OCIAL SECURITY NO. 17. J	NFORMANT	Address	
	No La	one Can	aila Clark	- Dum	
	18. CAUSE OF DEATH [Enter only one cause per lin	a for (a), (b), and (c).]	17 -		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	dea las	Cecler Nur	erre	5-101/2
	4221 DUE TO A	0	,	1 0-7	
	Conditions, if any, which) (b)	combine.	N. Bemore	al lirlery	S daya
1	gave rise to immadiata cause		U		1
	(a), stating the undarlying causa last.	1:1-11	Peroxis -		10.0m.
	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART	
	OIL PARTICIPATION OF THE PROPERTY OF THE PROPE				PERFORMED?
	© 20a. ACCIDENT WAS UNDERLYING □ 20b. DESC	RIBE HOW INJURY OCCURED	(Enter natura of injury in Part I or Part II	of itam 18.)	1113 [] 110 [2]
	PART II. OTHER SIGNIFICANT CONDITIONS CONT 20a. ACCIDENT WAS UNDERLYING 20b. DESCI OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)				
		NJURY OCCURRED 200, PLA	CE OF INJURY (Home, farm, 1 20f. (City	or town) (Cou	nty) (State)
	Hour e.m. While	_Not While lecte	ory, streat, office bldg., atc.)	THE SUBSTITUTE	
			10.73	3/2/ 1	
	21. I certify that (I) (this hospitel) attended	11	./2.0		26, that (I) (we) lest
		19(0.5) and that	deeth occured (AN). (AM), from	the causes and on t	he dete stated ebove
	22a. SIGNATURE	4 (/	ATTENDING MED.	STAFF	SIGNED
1	22c. PHYSICIAN'S	M.	D. PHYS. DIRECTOR	PHYS.	7/2/66
	NAME (Typa) Phaylos) Bo	21/ Th.	Inthis icon	a Shall	2
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 1234 10CA	TION (City, town or county	y) (State)
	REMOVAL (Spacify)	Mores Postlank	1 h tour D.	Timate	mol
	DULIA PED 24, 1966	ADDRESS ADDRESS	25a. REC'D BY REGISTI	DAR 25h DECISTRADIS	CIGNATURE
)	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	- C FED B 1 400	RAR 256. REGISTRAR'S	Indac.
	5 Indhoton Funeral Nome	COIPN JUINIE	MAL D Z 4 ISI	30 /	1 1

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 25 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01714	CERTIFICAT	E OF DEATH		1663
1. PLACE OF DEATH a. COUNTY ANNE ARUNDEL	MARYLAND 1 c. LENGTH OF STAY IN 1b	a. STATE MARYL	(Where deceased lived, If Institution b. COUNTY AND AND AND tside corporate limits, write Rul	INE ARUNDEL
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ft Geo G. Meade	18 hrs	Ft Geo G.		O2 - /
d. NAME OF HOSPITAL OR INSTITUTION (if not in Kimbrough Army Hospital	n hospital, give street address)	d. STREET ADDRESS	rest Avenue	9. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print) LOMA	Middle LEN		4. DATE Month OF February	0ay Year 23 19 66
5. SEX 6. COLOR OR RACE 7. MARRI Female Negro WIOOW		8. DATE OF BIRTH 22 February	66 last birthday) Month	18 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A 13. FATHER'S NAME	N/A		el County,Md	COUNTRY? USA
Norman Jerry Dunlap		Gloria Vir	ginia LAV	vs
15. WAS OECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) N/A N/A		informant rs. Gloria Du	nlap (same as it	em #2)
18. CAUSE OF DEATH [Enter only one cause po PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	er line for (a), (b), and (c).] Lung Sumotinut	, and appear	c epiode	ONSET AND DEATH
Conditions, If any, which gave rise to immediate Discrete	Extreme pu	instrit	,	Ste.
underlying cause last. (c)	RIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART!	1(a) 19. WAS AUTOPSY
PARTII. OTHER SIGNIFICANT CONDITIONS CONTR			njury in Part I or Part II of Item	YES NO
Hour a.m.	d. INJURY OCCURRED 20e. PL/ facto vork at work	CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County) (State)
Saw the deceased alive on	ended the deceased fromeb1966, and tha	22 Feb , 19 t death occurred at 8:1	25 M, from the causes and c	on the date stated above
22a. SIGNATURE Judle 20	muia, M.I			. OATE SIGNEO 3 Feb 66
	A, Captain, MC	22d. AOORESS KIMBROUGH		
23a. BURIAL, CREMATION, 23b. OATE THEREOF BURIAL (Specify) 25 Feb. 1966		Monal	23d. LOCATION (City, town or	more)
Harold S. Wade 550 Wash	ADDRESS Blvd Jannel Ma	MAR	2 1966 Julia	rar's signature

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VR A15 (4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 06 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

	T+ 7- 7-7-7	- CZTATICATI	OF DEATH				() A	COA	
1.	PLACE OF DEATH	.m 4)/4 2/20/		E (Where	deceased lived, If Ins		tesidence	before ad	ngission)
	Anne Arundel	MADVI AND	a. STATE Mai	rvlar	nd b. coun	TY		V	
-	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside c	orporate limits, wri	te RURAL	and giv	e neares	t town)
		10 Years	Baltimo		.,		-9	11	
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in he		d. STREET ADDRESS				50	. IS RESI	DENCE
130	Crownsville State Hos	. , ,	Unknowr					ON A F	ARM?
		1	<u> </u>						NO 🔲
3.	NAME DF FIrst DECEASED #25307	Middle	Last	4. DAT			Day	Yea	
-	(Type or print) #15183 Annie		ell	DEA			17	196	
	7. MARKIED	NEVER MARRIED 8	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months !	1 YEAR	Hours	MIn.
	emale Negro WIDOWED		87		yrs.				
10a	a. USUAL OCCUPATION (Give kind of work done 1Db. K lng most of working life, even if retired) 17	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Cou	unty & Sta	te, or foreign country	12. C	TIZEN	OF WHAT	-
	ипклошп		unknown			U5/	4		
13.	FATHER'S NAME		14. MOTHER'S MAIDE	EN NAME					
	unknown		unknown						
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addres	S			
(10	(If yes give war or dates of service)	Н Н	ospital Rec	enrds					
	NO UD 18. CAUSE OF DEATH [Enter only one cause per li		009200202	30100			INTE	RVAL BET	WEEN
	PART I. DEATH WAS CAUSED BY:		rt Failure				ONS	ET AND D	EATH
	IMMEDIATE CAUSE (a)	ondes cros ea	10 1 diluie						
	4200 DUE TO A	rteriosclerot	ir Heart Di	cess					
	gave rise to immediate	1 001100010100	IC NEAT OF	10000	7.0		-		
	cause (a), stating the DUE TO	eneral Arteri	ecclerecie						
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU			IDEACE OF	AND ITION OF WENT IN	DADT 1/e)	119.	WAS AU	Vegot
ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT KELA	TED TO THE TERMINAL DI	ISEASE GU	MALLION GLAFILIN	PARTI(a)	1	PERFOR	MED?
FIC							YE	S	NO X
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In	Part I or Part II o	f Item 18	.)		
		NJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, far	rm. 1 20f.	(City or town)	(Cou	inty)	(S	tate)
MEDICAL	Hour a.m. While	Not While factor	ry, street, office bldg., etc	c.)	Crownsvil.	10 1	Vanu	·land	
×	p.m. 19 at work		11/2/			-			
	21. I certify that (I) (this hospital) attended	ed the deceased from		54, t		, 1951	a, th	at (I) (w	e) last
	saw the deceased alive yil	19 66 , and that	death occurred at	₹2M,	from the causes				above.
14	22a. SIGNATURE		ATTENDING M	MED.	STAFF	22b. 9	ALE SIL	1 /	1
	M.D. PHYS. DIRECTOR PHYS. W///GO								
22c. PHYSICIAN'S NAME (Type) L. PENEDICT, M.D.									
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)									
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2/22/66 Mt. Auburnn emetry Relitings Md.									
24	FUNERAL DIRECTOR	ADDRESS	25a REC	D BY RE	GISTRARY 258. R	GISTRAR	200		
-	Hi Haslead 1206 W. Narth Aroue, DATE 23 1868 filiables Judge								

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MARYLAND STATE DEPARTMENT OF HEALTH

TOX .		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	(1201
FOR STATE		01716 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01665
ent of HEALTH DEPTH		LACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residunce of STATE Deceased lived) b. COUNTY	denne before admission)
delay and 3 13. Pag ment ment		. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
py dela p., and PM3. I artme		write RURAL and give profest town MAYO	02-1
2, and PM3 PM3 spartmafter		NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ath. If any delay ages 1, 2, and 3 ath form PM3. Po State Department 2 haurs after deal	6	D.O.A- AunE Aroundel. General. Box 104	YES NO
e		IAME OF First Middle Last 4. DATE Month OF DEATH Vecent House First Middle Feel 5.	Day Year
O mi Ton S	S. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 38. DATE OF BIRTH 9. AGE (In years last pirthday) WIDOWED DIVORCED 9-28-1881 9. AGE (In years last pirthday) Yrs.	DER 1 YEAR IF UNDER 24 HRS. s Days Haurs Min.
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hin 24 ncil in l niner's pages l in any	13.	FATHER'S MAME	
within pencil Examine Examine File pagand in a		HURAM FERRIS MARY MANLIER	
7.5 W L 0	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. STEPHEN TINGLEY	#2
be executed "pending" inef Medical ansit permit.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arelier safe and a second secon	ONSET AND DEATH
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the shift the land a burnerema		rise to immediate cause (a), stoting the underlying cause DUE TO	
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writ writ irwar irwar bsed buria	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
: Thi tificat d be old be riar t	CERTIFICATION	2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Part II af item 18.) PRIMARY are contributing cause of death.	
S S T S E	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) 2Df. (City or town)	(County) (State)
KAN te the ge 4 yaur age	W	p.m. 19 at workat wark	
rector, Page executive state executive states are executive states. Page ained for your rector. Page executive states are states and executive states are states and executive states are states and executive states are st		21. I certify that took charge of the remains described above, held on Autopsy [], Inspection [], Inquiry	ond in my opinior
Sign Sign		deoth resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined manner	
MEDICA Ilease es directar etained DIRECTO		ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
UTY Ple try, ple eral di be ret RAL D or its		SIGNATURE DEDITY MEDICAL EVAMINED	1./1
DEPUTY MEDICAL EXAM ressary, please execute the funeral directar. Page 4 may be retained for your FUNEX DIRECTOR: Page ealth or its designated age		NAME (Type) Address (Street, city, tawn, ar county)	4/14/66.
necessary, the funera 5 may be TO FUNERA Health or	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)

VR A15ME (5) 6M 1/66

ADDRESS PUNERAL DIRECTOR

2Sa. REC'D BY REGISTRAR 1966

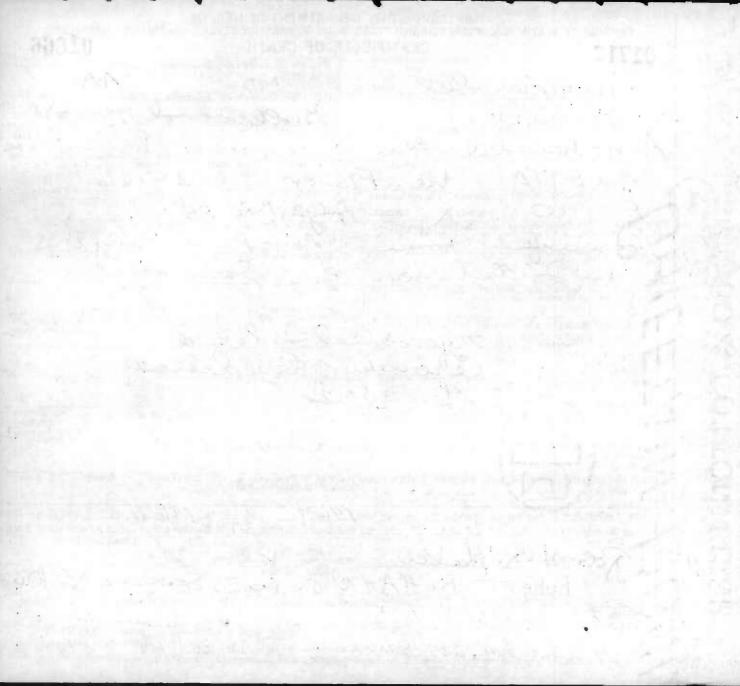
25b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Y and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

-		02000
1.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If it as STATE A STATE A STATE A	
	ANNE French MARYLAND MD.	777
	b. CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town)	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	Monor
1	Anne Arwardo Q Ser 107 Idetofor Ry.	e. IS RESIDENCE ON A FARM? YES \(\subseteq \text{NO} \)
3.	3. NAME DF First Middle Last 4. DATE Mor	
-	DECEASED (Type or print) ETTA Va. FISHEY DEATH 28	-66 19
5.	F WIDOWED DIVORCED July 2, 1880 85, yrs.	
10 du	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even retired) 1Db. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT
13	13! FATHER'S NAME 140 MOTHER'S MAIDEN NAME	ome 4.2.
10	andrew I Ouleston the Solute	3 Q.
15	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Additional Ad	ges
(Y	(Yes, no, or unkown) (If yes give war or dates of service)	ne_
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c)	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: Melocosteal Schemed:	ONSE! AND DEATH
	4-201 DUE TO 90 0000	
	Conditions, if any, which	£
	gave rise to Immediate cause (a), stating the DUE TO	
	underlying cause last. (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 7
RTIFI	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II OR CONTRIBUTING CAUSE OF DEATH	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED Hour a.m. While at work	(County) (State)
-	21. I certify that (I) (this hospital) attended the deceased from 1964, 19 to 1960	O 19 that (I) (we) last
	saw the deceased alive on 2-7-6 (0.19), and that death occurred at 34 M, from the cause	s and on the date stated above.
	22a. SIGNATURE D	22b. DATE SIGNED
	M.D. ATTENDING MED. DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type) Robert R. HAHN B.O. Box 73 Seve	rua Brkup
23	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City,	town or county) (State)
1	Bural 2-11-66 Hen Haven Com. Chen Burn	u md.
24	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
	McColly Kuneral Home 237 Padapaco al DATE 10 1966	larles Judge
-		



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH o. STATE b. COUNTY a. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neorest town) Crownsville 15 hrs. Annapolis IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 96 Waterview Drive Anne Arundel General Hospital NO X 3. NAME OF Middle 4 DATE Year First Lost Dov OF DEATH DECEASED 19 66 FORD, Jr. 15 William February John (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdov) Months Dovs Hours April 18, 1964 Male White WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? S. during most of working life, even if retired) INDUSTRY Maryland never-worked non e 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Ford, Margaret Young 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) John W. Ford. same as #2 none no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY RESPIRATORY + CARDIAC FAILURE IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove WARYNGEOTRACHEITIS rise to immediate couse (o), DUF TO stoting the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work of work Ech 14, 1966, to Feb. 15, 1966, that (1) (west last 21. I certify that (I) (that contain attended the deceased fram. M. fram causes and an the date stated above. Feb. 15 19 66, and that death accurred at saw the deceased alive an_ 22b. DATE SIGNED 220. SIGNATURE openson DIRECTOR PHYS. Olmarian PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Hahn Prof. Bldg., Severna Park, Md. Sherman S. Robinson, MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Glen Haven Cemetery Glen Burnie 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

the death certificate be executed within 24 haurs after death

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10 FUNERAL DIRECTOR: After this certificate

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VR A15 (4) 20 M 1/66

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OR ATTENDING PHYSICIAN: The law requires that

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attending physician sermit. Then please

ELECTION OF STANDARD Ranig formed and best-past Georgia (E. Lanciero) 96 Management 30 Listingson Jarrecold Common conti provide the state of the state Sheriam & Religion in Reference Side. Sayona Park, Mr.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01710

111000

F. Creek Dr., R.F.D. 8, Box 302 L. E. Creek Dr., R.F.D. 8, Box 302 L. E. Creek Dr., R.F.D. 8, Box 302 L. E. Creek Dr., R.F.D. 8, Box 302 No. 1	11113		1111111
ANNE APUNCAL BARRYLAND C. CITY OR JOWN (II outside corporate limits, write RURAL and give nearest lown) Pagadena d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite), give threet eddress) d. STRET ADDRESS E. Creek Dr., R.F.D. 8, BOX 302 TE. Creek Dr., R.F.D. 8, BOX 302 IE. Creek Dr., R.F.D. 8, BOX 302 IE. Creek Dr., R.F.D. 8, BOX 302 II. BATE Made MARY MARGARET GILBERT GILBERT GILBERT GILBERT Formule White White Whowe I reflect IDD. KIND OF BUSINESS OR INDUSTRY II. BIRTHTIACE (county & State, or trouchly) II. STRIPPINGE (county & State, or trouchly) III. STRIPPINGE (county & State, or trouchly) III. STRIPPINGE (county & State, or t			ution: Rasidence before edmission)
b. CITY OR TOWN If outside expense limits, while RURAL and give nearest lown) Pasadena d. NAME of NOSTIFAL OR INSTITUTION (if not in hospite), give street eddress) d. NAME OF ADSTIFAL OR INSTITUTION (if not in hospite), give street eddress) d. NAME OF ADSTIFAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS 4. E. Creek Dr., R.F.D. 8, Box 302 1. STREET ADDRESS 4. DATE 1.			A.A.
Pasadena d. NAMOF NOSHITALOR INSTITUTION (if not in hospite), give street eddress) Decreek Dr., R.F.D. 8, Box 302 I.E. Creek Dr., R.F.D. 8, Box 302 S. NAME OF DECRESED The propriet of the property of th	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b		
d. NAME OF NOSMITAL OR INSTITUTION (if not in hospite), give street eddress) ### E. Creek Dr., R.F.D. 8, Box 302 ### E. Creek Dr., R.F.D. 8, Box 302 ### Box 3		Pasadena	12-1
E. Creek Dr., R.F.D. 8, Box 302 Lasi	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)		. IS RESIDENCE
NAME OF DECRASED Mary Margaret Middle Last Middle Last Middle Last Middle Mary Margaret GILBERT DEATH F. B. S 1966	E Consolo Des D. E. D. S. Dong 200	I. F. Crook Dr. R. F.D. R. D.	ON A FARM?
DECERSED (Type or print) MARY MARGARET GILBERT DEATH FEM_1 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED S. DATE OF BIRTH Female White Whote White Who will be printed with Month of the state of with Housewife 10b. USUAL OCCUPATION (Give with in raifred) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or forestan country) 12. CITIZEN OF WHAT COUNT Baltimore, Maryland U.S. 14. MOTHER'S MAIDEN NAME Conrad Bilza 15. WAS DICEASABLE PERR IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. 17. INFORMANT Conrad Gilbert - 24/24 Plainfield Rd Balto 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (e).) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (e).) DUE TO (c) Conditions, if any, which gave rite to immediate cause (e), stating the underlying couse lost. (c) Conditions, if any, which gave rite to immediate cause (e), stating the underlying couse lost. (c) Conditions, if any, which gave rite to immediate cause (e), stating the underlying couse lost. (c) Conditions, if any, which gave rite to immediate cause (e), stating the underlying couse lost. (c) Conditions, if any, which gave rite to immediate cause (e), stating the underlying couse lost. (c) Conditions, if any, which gave rite to immediate cause (e), stating the underlying couse lost. (c) Conditions, if any, which gave rite to immediate cause (e), stating the underlying couse lost. (c) Conditions, if any, which gave rite to immediate cause (e), stating the underlying couse lost. (d) Conditions, if any, which gave rite to immediate cause (e), stating the underlying couse lost. (d) Conditions, if any, which gave rite to immediate cause (e), stating the underlying couse lost. (d) Conditions, if any, which gave rite to immediate cause (e), stating the underlying couse lo			725 702
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10. SUAL OCCUPATION (Give kind of work done during most of working life, even if ratified) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNT 12. CITIZEN OF WHAT COUNT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. Organization of unknown 18. Organizati		lest birthdey) Mor	
Housewife Sather's Name Corrad Bilz Swas Decease Ever in U.S. Armed Forces? 16. Social Security no. 17. Informant 17. Informant Contains if the underlying sever federal service in the severe is to immediate cause (a), staling the underlying severe is to immediate cause (a). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE			
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18. CAUSE OF DEATH [enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE OBY, IMMEDIATE CAUSE (a) JEYMAN AND DEATH SET VICENTIAN OF STAFF OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMED YES NO [C). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMED YES NO [C]. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMED YES NO [C]. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMED YES NO [C]. PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMED YES NO [C]. PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMED YES NO [C]. PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMED YES NO [C]. PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMED YES NO [C]. PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMED YES NO [C]. PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WA	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address	
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DUE TO (e), steling the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED VES NO [OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer While at work 19 at work 19. Cause of Death 19. Cause of D	Condition if any which a water again Catering	elevation Hourt Disease	1-4lars
ceuse lest. Column Column	geve rise to immediate cause	- war pand or all	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO [20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 20c. TIME OF INJURY Month, Dey, Yeer While Not While SI work 19 work	(e), stering the underlying		
Charace Bronchiectasis 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Perl I or Parl II of item 18.) 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Perl I or Parl II of item 18.) 206. TIME OF INJURY Month, Dey, Yeer Hour s.m. 19	(6)	TO THE TERMINAL DISEASE CONDITION CIVEN II	LEADT 1(a) 10 WAS AUTORSY
20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 20t. Not While Not While at work	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	PERFORMED?
20c. TIME OF INJURY Hour s.m. p.m. 19 20d. INJURY OCCURRED Hour s.m. p.m. 19 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that (I) (this hespital) attended the deceased from	Chimie Inonculerasis		YES NO
20c. TIME OF INJURY Month, Dey, Yeer Hour s.m., p.m. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 2Df. (City or town) (County) (State) 2Df. (City or town) (County) (County) (State) 2Df. (City or town) (County)	200. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED.	. (Enter nature of injury in Pert I or Part II of item 18.)	
21. I certify that (I) (this haspital) attended the deceased from			
21. I certify that (I) (this hospital) attended the deceased from	20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20e. PLA		(County) (State)
21. I certify that (I) (this haspital) attended the deceased from	Hour a.m. While Not While at work at work	ory, street, office blag., etc.)	
saw the deceased alive on	7	1960 10 10 1966	10 . that (1) (wa) la
226. SIGNATURE Carlos ford g. m.d. ATTENDING MED. STAFF SIGNETON DIRECTOR PHYS.			
Continue Landsford Jr. m.d. ATTENDING MED. PHYS. DIRECTOR PHYS. D		death occured al.m	
22c. PHYSICIAN'S NAME (Type) ARTHUR LANKFORD, JR., M. D. 22d. ADDRESS 22d. ADDRESS 2934 Mountain Rd Pasadena, md. 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stote)	Cather Lanktond h. met	DIRECTOR DIRECTOR	SIGNE
NAME (Type) ARTHUR LANKFORD, JR., M. D. 2934 Mountain Rd Casadena, md. 36. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stote)	M.		7-8-66
38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stote)	NAME (Type) POTITION I SALVEOUS IN THE		dena md.
REMOVAL (Specify)			
	REMOVAL (Specify)		county) (State)
	Burial Feb. 12,1966 Holy Redeemen	r Cemetery Baltimore, May	cyland of the
	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	4 4000	WHISH CONTA THREE OF
George J. Gonce - 4001 Ritchie Hgwy. Baltimore DATE FEB 14 1900 (George J. Gonce - 4001 Ritchie Hgwv. Bal	timore DATE FEB 14 1900 (V.

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9/1		EPARTMENT OF HEALTH	
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	01670
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institutions, Real B. COUNTY Ba:	sidenca bafora admission) 1timore
neces ector. four f	b. CITY OR TOWN (if outside corporate limits, write RURAL and give negress lova) Route x648; Maple xRoad d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	c. CITY OR TOWN (If outside corporate limits, write RURAL and the composite of the composit	
12 - 8 C. IL	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass) North Arundel General Hospital	d. STREET ADDRESS 16 Charles Road	IS RESIDENCE ON A FARM? YES NO NO
the the de	3. NAME OF First Middle DECEASED (Type or print) THOMAS E GOR	LAST 4. DATE Month OF DEATH 2-8-66	Day Year
To Skir San	male white WIDOWED DIVORCED J	uly 21, 1913 52 yrs.	YEAR IF UNDER 24 HRS. Bys Hours Min.
es 1, 2, Page s 1 and n 72 n	Toe. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Lithographer Crown, Cork & Seal 13. FATHER'S NAME	Richmond, Virginia U.S	S.
PA PA	Thomas E. Gorman, Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	Margaret Bahen NFORMANT Address	
ltem 18. with for permit.	No (Hyesgivawarordatasofsarvice) 215-03-3174 Mrs 18. CAUSE OF DEATH Enter only one cause par line for (a), (b), and (c).)	. William Michael - 16 Charles I	Rd . INTERVAL BETWEEN ONSET AND DEATH
Pendender (8/24 DUE TO	injuries	
P 0 0 0 0	Gave rise to immediate cause (a), stating the underlying cause last, (c)	SHAR HOLLING	
This certificate word "pendin dical Examiner uld be used as cremation, or r		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES X NO
	PRIMARY X or CONTRIBUTING DECESTION STRUCTURE OF DEATH.	ntar nature of injury in Part I or Part II of item 18.) uck by auto	
Writing Writing Chicago	11001 - Crims	pry, street, office bldg., etc.)	y) (Stata)
AL CIO	21. I certify that I took charge of the remains described above, hel death resulted from: Natural causes . Accident X, Stick	de, Homicide, Undetermined manner	and in my opinion
To te to the state of the state	ACTUAL SIGNATURE ASSUMENTS	CHIEF MEDICAL EXAMINER	DATE SIGNED
DEPUTY Bease execute should be for FUNERAL.	EXAMINER'S Rudiger Breitenecker, M.D. 220. BEHAVAL (CREATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Addrass (Streat, city, town, or county)	(Stata)
5 g 4 5 9	Burial Feb. 12,1966 Meadowridge Maddress Address		NATIORE
VS. A15ME 5M 7/59	George J. Gonce - 4001 Ritchie Hgwy., Ba	altimore DATEFEB 14 1966 goldanie	2 Just

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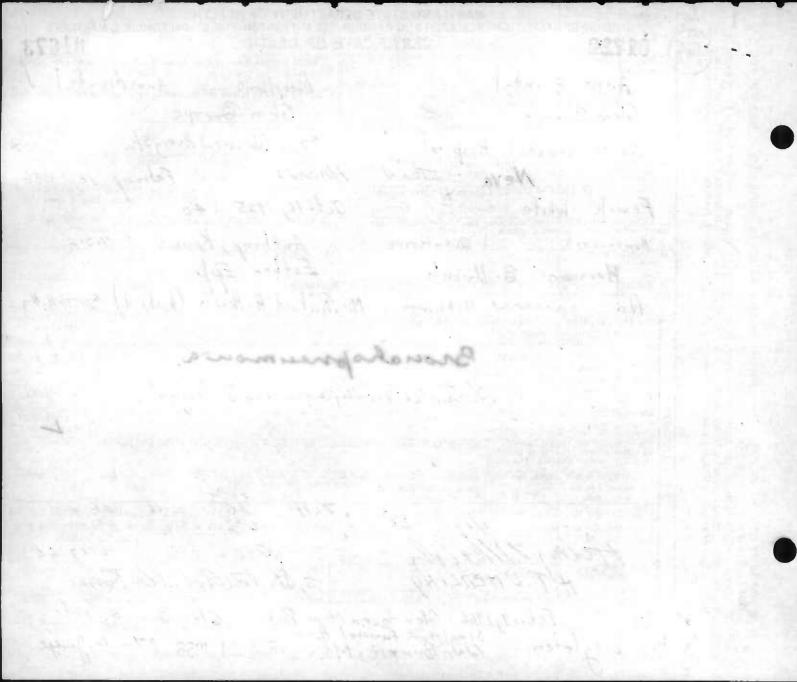
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death. and death PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE by the financial Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by to ove carbon papers. Page: y event, within 72 hours at write RURAL and give nearest town) 10 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 24 NOL YES within NAME OF Middle 3. First DATE Day Year Last 4. Month DECEASED OF 6 (Type or print) DEATH 19 executed SEX 6. COLOR OR RACE BIRTH been signed by the attending physician and con the burial-transit permit. Then please remove or to burial, cremation, or removal, and any eve DATE OF AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED yrs. 10a, USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life, even if retired) INDUSTRY COUNTRY? certificate BUSCIUI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME me 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN? Address 17. death (Yes, no, or unknown) I (If yes nive war or dates of service) INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) rise to immediate **DUE TO** cause (a), stating the as the underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate h for use Health PERFORMED? PHYSICIAN: The hospital or NO T YES 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) this certi detached f te Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL the TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. While Not While ATTENDING at work at work p.m. retained that (It) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 2.35 M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED age 4 ... FUNERAL Dr. -ctor, page 3 ATTENDING STAFF M.D. PHYS. DIRECTOR HOSPITAL PHYSICIAN'S 22d. ADDRESS. director, p 6 NAME (Type) 6 For he LOCATION (CITY, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY town (% county) (State) BURIAL, CREMATION, 23d. REMOVAL (Specify) 2 FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. ADDRESS 25a. PTOT

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY the ss 1 a. STATE b. COUNTY after b. CITY OR TOWN (if outside corporate limits, markend MARYI AND TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b by write RURAL and give nearest town) bon papers. Pag within 72 hours hours Burnie 9 .5 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? slenview NO 54 completely ive carbon p within NAME OF Middle DATE Day Year Month DECEASED OF event, TORN FRRIS (Type or print) DEATH 1966 6 executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX remove AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 9. last birthday) Months | Days Hours and any WIDOWED DIVORCED ma VIS. = 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ician pe ase during most of working life, even if retired) INDUSTRY COUNTRY? and susew or certificate Hame FATHER'S NAME 14. MOTHER'S MAIDEN NAME attendii 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. 16. SOCIAL SECURITY NO. INFORMANT 17. Address death (Yes, no, or unkown) (If yes give war or dates of service) been signed by the the burial-transit or to burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] NTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the prior underlying cause last. has CERTIFICATION r this certificate hadetached for use a te Dept. of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, I (State) 2Df. (City or town) (County) State factory, street, office bldg., etc.) After d Hour a.m. While Not While retained by p.m 19 at work at work 2-16 0 21. I certify that (I) (this hospital) attended the deceased from 1966 DIRECTOR: M. from the causes and on the date stated above. 3 sho saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING DIRECTOR M.D. PHYS. PHYS. director, pa 22c. PHYSICIAN'S 22d. ADDRES NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. REMOVAL, (Specify) 966 **FUNERAL DIRECTOR** REC'D BY REGISTRAR 25b. VR A15 (4) 20M 1/65



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Charles w. Minner, M. D. Gouth Mayor Madisal Country, Magness, Ma

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician at completely filled in by the feneral director, page 3 should be detached for use as the burial-transit permit. Then please tember carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01724 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. CDUNTY			tution: Residence before admission)
Anne Arundel	a. STATE	ryland b. COUNT	heat.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c, CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest town)
	Baltim	OTP	30-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	0.0	e. IS RESIDENCE
	1/BC Macu	lloh Street	ON A FARM?
Crownsville State Hospital			YES ND X
3. NAME OF First Middle DECEASED	Last	4. DATE Month	Day Year
(Type or print) 07752 Elizabeth H	latchett	DEATH 2	9 1966
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years IF last birthday)	Onths Days Hours Min.
Female Negro widowed Divorced	191	8 48 yrs.	loliula Daya Hours will.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT CDUNTRY?
Unknown Unknown	Marylan	d	USA
13. FATHER'S NAME	14. MOTHER'S MAIL		
7-1-11-1-1-1	Anna He	and	
John Hatchett 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17.	INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates of service)			
	lospital Re	cords	ANTENNA DECUEFA
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Inanition Dehy	dration		
1062 DUE TO			
	ture and Di	lation of	
gave rise to Immediate (cause (a), stating the DUE TO			
underlying cause last. (c) Esophagus			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY
Feeble-Mindedness, Severe			PERFORMED?
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	finjury in Part I or Part II of	Item 18.)
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA Feeble-Mindedness, Severe 20a. Accident was underlying 1 20b. Describe How Injury Occu OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	CE OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)
Mulle Wor wille	CE OF INJURY (Home, fa ry, street, office bldg., e	tc.)	
		1	
21. I certify that (I) (this pospital) attended the deceased from	4/28/_,1	9.42, to 2/9/	, 1966, that (I) (we) last nd on the date stated above.
saw the deceased alive of 2/9/ 19 66, and that	death occurred at	M, from the causes a	nd on the date stated above. 22b. Date Signed
22a. SIGNATURE	ATTENDING	ALED CTAFF	
Mellen M.D	. PHYS.	MED. DIRECTOR STAFF PHYS.	2/10/66
PHYSICIAN'S NAME (Type) L. Benedict, M.D.	22d. ADDRESS Crowns	ville State Ho	spital
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)
Burial 2/14/66 Mt. Auburn	C	D. 24.1	F.3
24. FUNERAL DIRECTOR ADDRESS	Cemetry 25a. RE	C'D BY REGISTRAR 250. REC	STRAR'S SIGNATURE
	DATE	B 1 5 1966 \$C	harles Judge
Adolphus Halstead 1206 W North two	DATE	10 1000	

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Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
		a. STATE b. COUNTY Pa. Somerset
T	AA MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Confluence 75-3
	Ferndale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?
	North Arundle Hosp	521 Dean St. YES NO
3.	NAME DF First Middle	Last 4. DATE Month Day Year
	DEGEASED (Type or print) GRAICE 5.	Toliday OF DEATH 2 20 1966
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	last birthday) Monthe Dave Hours Min
	V'. WIDOWED DIVORCED	12 18-11/4 9 9 yrs
lDa dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife Own Home	Somerfield, Pa. U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	No Record	Rosa Pletcher
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unkown) ((If yes give war or dates of service)	INFDRMANT Address
(10		ient
1	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	
	PART I. DEATH WAS CAUSED BY:	Edema & an armonser and Death e Heart Dresse
	IMMEDIATE CAUSE (a)	Cocconcoc. & Coch -) south e
	HIGA DUE TO O	Marchan
	gave rise to immediate (b)	e were to make
	cause (a), stating the DUE TO	
	underlying cause last. (c)	
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CA		PERFORMED? YES NO 1
	20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
E E		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Wille Mot While	y, street, office bldg., etc.)
Σ	p.m. 19 at work at work	2-1-7
	21. I certify that (I) (this hospital) attended the deceased from	19 (c) to 19 (c), that (l) (we) last
	saw the deceased alive on 19, 19, that	death occurred at / M, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF
	Teles pulle M.D.	PHYS. LY DIRECTOR PHYS. LY
	22c. PHYSICIAN'S NAME (Type) FP 1023 SO 18 TO C	22d. ADDRESS
	17 100 117 UNDER	1119 Ochearca 12 Cicuran
23a	BURIAL, CREMATION, 23b. DATE THEREOF / 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Removal 2/21/66 Confluence (
24.	FUNERAL DIRECTOR 1217 St. Paul St. Paul St.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
L	m. Cook-Brooks Inc. Baltimore, Md. 21202	PAREB 23 1956 Scharles Judge
14	m. Gook brooks the barthinge, Md. 2120	

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	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	AND
4	±22€	A.F	1726 CERTIFICATE OF DEATH 0167	7
er death	e funeral 1 and 2 er death:		PLACE OF DEATH Unne Urundel County a COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence b b. COUNTY MARYLAND MARYLAND MARYLAND	efore admission)
s after	n by the fu Pages 1 a ours after d		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give	nearest town)
hours			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) BALTIMORE 30-	IS RESIDENCE
24	filled papers. in 72 h	6	COWNSVILLE STATE HOSPITAL 1125 WEBB CT. YE	IS RESIDENCE ON A FARM?
within	npletely fil carbon pa nt, within		NAME DF DECEASED (Type or print) ROSE MARY HOOD DAY DEATH FEB, 19	Year 19 66
executed	and complements		6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF	Andrew Control
be	E 0.2		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) 10b. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) 11c. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF COUNTRY?	WHAT
certificate	physici en pleas oval, and		FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	attending phermit. Then on, or removal		FRANK LEITZER VERONICA STODSEL WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
death	the attendit permit.		no, or unknown) (If yes give war or dates of service) Un Known. Hilda Gregos Compensand, Mcl.	
	d by the a ransit per cremation,		ONSET	AL BETWEEN
requires that the	3 00		H 500 DUE TO SEVERE ARTERIOSCLEROSIS	
ires	n sign burial burial		Conditions, If any, which gave rise to immediate (b)	
	0000		cause (a), stating the DUE TO	
law to	has be e as the		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY
The	ificate I for use Health	0	CHRONIC BRAIN SYNDROME SEC. ARTERIOSCLEROSIS YES	PERFORMED?
PHYSICIAN:	cert hed t. of		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	After this d be detacl		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.	(State)
ATTENDING	Af Af		21. I certify that (I) (this hospital) attended the deceased from 1-14, 1966, to 2-19, 1966 that	t (I) (we) last
ATTENDI	Sho sho		saw the deceased alive pn 19 19 19 19 19 19 19 19 19 19 19 19 19	
83	L DIRECTOR: page 3 should filed with the		22a. SIGNATURE 22b. DATE SIGN WED. STAFF 2/19. W.D. PHYS. DIRECTOR PHYS. 2/19.	166
<u>a</u> <	RAL pr, p		226 PHYSICIAN'S NAME (Type) Alvin Thompson Crownsville State Hosp	tel
TO HC	O FUNER director, should b		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	3		FUNERAL DIRECTOR 1 ADDRESS 250. RED'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	TURE
	A15 (4)	7	Thing & Crack 1211 Chesees 1000 1 DATES 23 1966 getrarles Jun	2

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after The law requires that the death certificate TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A1S (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1	02.33.3	
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacaasad lived, If institution: Rasidence before edmission)
	Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel
1	h CITY OF TOWN (if outside company) limits	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest lown)
1	write RURAL and giva naarast town) est River, Rt. 2, Chalk Pt.	Beaks Rt. 2, Chalk Pt., West River
1	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address)	d. STREET ADDRESS
7		ON A FARM? YES NO N
	3. NAME OF First, Middle	Last 4. DATE Month Day Year
	(Typa or print) / The Mechelle C.	toover DEATH February 24 1966
	F O I F I MANNED THE TEN MANNED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		Aug. 16,1962 3 yrs.
I	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	g mad of morning may after it remady	Mass. USA
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Edgar Hoover, Sr.	Mona Elizabeth Stringer
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IE	
	(Yas, no, or unkown) (Ifyasgivawarordatasofsarvice)	Rt. 2, Chalk Point,
1	18. CAUSE OF DEATH [Entar only one cause parting for (a), (b), and (c).]	nn E. Hoover, Sr. West River, Md.
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) / Milimonia	CILL MOUNT
	DUE TO TO	Regular measter) 6 days
	Conditions, if any, which gave risa to immadiate causa	1 Light Comments
	(o), stating the underlying DUE TO	Manual Company of the
	cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	3 / Murcular dypth	refelly YES NO D
	M OR CONTRIBUTING CAUSE OF DEATH	(Enter parties of Injury in Part I or Part II of Itam 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, streat, office bldg., etc.)
	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	19, 10
		death occurred at 2 from the causes and on the date stated above.
	22a. SIGNATURE	R2b. DATE
	hillard of hutto M.	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 2/24/ SIGNED
1	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Typa) Willard to Smith MD	Study all , Maryland
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d, LOCATION (City, town or county) (State)
	Burial Feb. 27, 1966 Mt. Harmony Cl	hr. Cemetery Owings, Maryland
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
3	Autchins Tunual Home Dwings, Mary	yland MAR 2 1956 Clearley In
I.		

of the second of the second of the second The sale of the sa STORY WIND TOWN IN THE WALL . HE TED VOIDE THEELT TO The transfer of the state of the state of THE PERSON NAMED IN COLUMN TWO STATE OF STA HEALT SINE WATER OF THE The second contract of the second contract of

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01850		CERTIFICAT	E OF DEATH	1		{}~	TO!	1
1. PLACE OF DEATH	1		2. USUAL RESIDEN	CE (Where decease	d lived, ff Instit	tution: Residence	before adm	nission)
a. COUNTY	Aprildo1	0	a. STATE	D	b. CDUNT	Y 10		
b. CITY OR TOWN	(if outside corporate limits)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	f outside corpora	ta limits write	a RIIRAL and of	ve nearest	town)
write BURAL a	ind give nearest town)	W SENGTH OF STATE IN 25			ach	Montha and Br	/ /	,
d NAME DE UDOS	PITAL DR INSTITUTION (If not in	hamiltat also street add	21016		uch	0	10.0001	DENOC
u. NAME OF HOSP	THAL OR INSTITUTION (IF NOT IN	nospital, give street address)	d. STREET ADDRESS	~	Rd.		ON A FA	
16023	the armsix- Con	en prosp.	8597	1.36.27	ye 61.	,	YES N	ND 4
3. NAME OF DECEASED	First	Middle	Last /	4. DATE	Month	Day	Year	
(Type or print)	PALPH	1	HURD .	DEATH	Feb	18	.19 6	6.
5. SEX	6. COLDR DR RACE 7. MARRIEI	D NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (in years IF	UNDER 1 YEAR		
m	WIDDWEI		apr 124,18	93 7	t birthday) M	Ionths Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work done 10b.	KIND OF BUSINESS DR	11. BIRTHPLACE (C	county & State, or fo		12. CITIZEN	DF WHAT	
Lo France	g life, even if retired)	INDUSTRY	11. 7			COUNTRY		
13. FATHER'S NAME		ustler	14. MOTHER'S MAIL	DEN NAME		1000		
go kn	hud		-					
15. WAS DECEASED EV	/ER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
	ffyes give war or dates of service)		T /		Addiess			
NO			HULLY		Sumo			
	EATH [Enter only one cause per	line for (a), (b), and (c).]		. /			RVAL BETV	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	NFARCTION O	4 111416	ARdiv	n			
4201	DUE TD	1 4	1. 1	11	4			
Conditions, If an		Kterio sefers	no Memo	1 disen	50.	903		
gave rise to i	mmediate (
underlying cause	ting the					0		
PART II. DTHER SI	GNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASECONDITI	ON GIVEN IN PA	ART 1(a) 19.	WAS AUT	OPSY
CAT						YE	PERFORM	NED?
PART II. DTHER SIGNATURE OF CONTRIBUTION (IF EITHER, NOT)	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature o	f Injury in Part I	or Part II of I		3 "	
OR CONTRIBUTIN	G CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW HOOK! COOK	MILD. (LINE) Hatero o	e mjory mi rast i	01 1 41 11 01 1	10.7		
		INITIDY DOCUMEN LOSS BLA	OF DE INHIDAMA 6	005 (016)	an Anum)	(Country)	/04	(ata)
ZOC. TIME OF IN Hour a.m. p.m.		facto	CE DF INJURY (Home, fary, street, office bldg., e	arm, 2Df. (City etc.)	or town)	(County)	(51	tate)
p.m.								
21. I certify	that (this hospital) attend	ded the deceased from	Feb 18 , 1	966 to	Feb 18	, 19 66, th	iat (I) (we	a) last
saw the dece	eased alive on February	8 19 65 and that	death occurred at,	3°3 M, from t		nd on the date		
22a. SIGNATORE	7 / 6	1				22b. DATE SIG	GNED	
13	sestile mede	M,D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			
22c. PHYSICIAN NAME (Typ	's/ I a M	The mi	22d. ADDRESS	1. 1)	1 100	1	11	
NAME (Typ	Joseph A. Ille	est AR, ME	Seve	ent pr	2人,///	2 2119	16.	
23a. BURIAL, CREMA		23c. NAME DE CEMETERY	DR CREMAIDRY	23d. LOCAT	IDN (City, town	n or county)	(Sta	te)
REMOVAL (Spec	(fy) 2-22-66	Meadound	se Com	SIK	/-	mid		
24. FUNERAL DIREC	TDR /	ADDRESS	25a, _RE	C'D BY REGISTRA	16 1	ISTRAR'S SIGN	ATURE	
Mr. Cully	Fuser Home à	237 Pagopado	as FF	23 1951	3 goly	ante. O.	162	
	/	a. O.	DATE	HU WU	1 1	and the	- Jan	

VR AI5 1/65

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FOR STATE HEALTH DERT.

State Department hours after death.

permit. File pages 1 and 2 with the removal, and in any event within 72 l

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or

1/65 T

VR ALSME

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is clessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with team PM3. Page 5 may be retained for your files.

TO DEPUTY MEDIC.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01680

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH	4			2. USUAL RESIDENCE	CE (Where decea			ence before a	dmission
	Апг	re Arundel		MARYLANI	Maryland		b. COU	Anne	Arunc	del
	b. CITY OR TOW	N (if outside corpore end give nearest tov	te limits,	c. LENGTH DF STAY IN		outside corpo	orate limits, w	rite RURAL end	give neare	st town
	GIEn	Burnie	vn)	DDA	Linthic	TW.		0	2-1	
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not In h	ospital, give street addre	ss) d. STREET ADDRESS				e. IS RES	SIDENC FARM?
	North	Arundel	Hospit	al	510 Mad	ingley	Road	7-11-1	YES 🗌	NO 2
3.	NAME OF DECEASED		Irst	Middle	Last	4. DATE	Mont	h	Day Ye	ar
	(Type or print)		NARD	STANLEY	HYATT SR.	DEATH	Febr	uary 28	3 19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	Months Day		
M	ale	White	WIDOWED	DIVDRCED _	30 Aug. 190	06 5	9 утв.	Monuis Da	ys Hours	INTIT
10a	. USUAL OCCUPAT	TON (Give kind of work	done 10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (S	tate or foreig	n country)	12. CITIZ COUN	EN OF WHA	T
duj	Butcher	and the creat it forther		od Markets	Ellicoti	t City.	Md.	U.S		
13.	FATHER'S NAM	E			14. MOTHER'S MAIL					
	(unk	(nown) H	yatt		(1	ınknown	1)			
		EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	7. INFORMANT		Addre	SS		
(16	i, no, or unkown)	(IT yes give war or dates o		2-01-4526	Bernard S. H	watt (son) S	ame as	# 2	
	18. CAUSE OF	DEATH [Enter only on	e cause per l	Ine for (a), (b), and (c).]	_/	,,		11	NTERVAL BE	ETWEEN
		EATH WAS CAUSED BY	1: 0 11	idual (Tiseare			OX	MSET AND	DEATH
	4344	IMMEDIATE CAUSE						10		
	Conditions, If	any, which \								
	gave rise to	Immediate ((b)							
	cause (a), si underlying caus	raring mo								
Z			ONS CONTRIB	UTING TO DEATH BUT NOT F	RELATED TO THE TERMINAL I	DISEASE COND	ITION GIVEN IN	PART 1(a)		UTOPSY
Ĕ									PERFOI YES	RMED?
FIC	20a. EXTERNA	L CAUSE WAS	2Db.	DESCRIBE HOW INJURY O	CCURRED. (Enter nature o	f Inlury In Par	t I or Part II	of Item 18.)	125	110
ERT	PRIMARY OF DEAT	CONTRIBUTING								
MEDICAL CERTIFICATION		INJURY Month, Day,	Year 20d. I	NJURY OCCURRED 20e.	PLACE DF INJURY (Home, fa	arm. 20f. (C	Olty or town)	(County) ((State)
DIC	Hour e.r	n.		k Not While f	actory, street, office bldg., e					
ME	p.i				1 11 1 1	laan aaktaa	7 100		and In mu	aninin
		~ 11		nains described above,		Inspection			and In my	opinio
	death result	ed from: Natura	i causes 💆	, Accident,	Suicide, Homici		Indetermine	manner _		
	ACTUAL	*/	Jet and	1	CHIEF MEDICA		L		22. DATE	SIGNE
	SIGNATUR	Jun	wert y		M.D. ASSISTANT ME				. /	,
	EXAMINER'S	lmer G l	inhard:	t ⁻ Annapolis.	DEPUTY MEDIC			2/	28/61	6.
232	RIDIAL CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEME	Address (Stree			own or county	() (S	State)
200	REMOVAL (Spe	ecify)	HENEOI	TOUR TENINE OF VEHIC	01	0	1		!	1111
	Seed V.	1.0	2011	1 (1 11	. Ma 12.1.	1 -	1- 104.	3 James 2 400 1	Mid	
24	BUTIAL DIRE	Mai-ch &		Glen Have	-al Homo 25a. RE	C'D BY REGIS	TRAR 25b.	REGISTRAR'S S	IGNATURE	

065.Lil Temperatural aco AND THE PERSON OF THE PROPERTY Their Contract Contra Automic Food Harkets Fillosek Dity, ed. U. L. L. Sale of the (one) bray . Bearings eschillests -----Times of Change Thomas To see 1 the same of sales are sales and

physician and completely filled in by the funeral a remaye carbon papers. Pages 1 and 2 should your, within 72 hours after death. hin 24 hours after The law requires that the death certificate be executed death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1730
CERTIFICATE OF DEATH 730

o. COUNTY	3 - 7	e. STATE	Maryland b. COUN	ITY Anne A and an a			
Anne Aruno	D						
	b. CTIY OR TOWN (if oulside corporate limits, write RURAL and give nearest hown) Glen Burnle			RURAL end give neerest town)			
d. NAME OF HOSPITAL OR INSTITU	TION (if not In hospitel, give street eddress)	d. STREET ADDRE	SS	a. IS RESIDENCE			
Route 2, Box 242	2-Seventh St.	Rt. 2, Bo	x 242-Seventh				
3. NAME OF DECEASED (Type or print)	ETT PELL	A MAE	4. DATE Month OF DEATH	8 19 46			
5. SEX 6. COLOR OR	RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Deys Hours Min.			
Female White	LILE LINE] Aug. 4, 18					
10a. USUAL OCCUPATION (Give kind done during most of working fife, even Housewife			Ferry, W. Va.	USA			
13. FATHER'S NAME	1 OWII HOMO	14. MOTHER'S MAID	EN NAME				
George	W. Piper		Charlotte	Mansfield			
15. WAS DECEASED EVER IN U.S. ARM (Yes, no, or unkown) (If yes give werord	ED FORCES? 16. SOCIAL SECURITY NO. lates of service)	Mrs. Charle	s Mc Culley, G				
PART I. DEATH WAS CAUSED IMMEDIATE CAN Conditions, if eny, which gove rise to immediate cause		ellitus- ive Cardio	o-Vascular	MITERVAL BETWEEN ONSET AND DEATH OF CHES			
PART II. OTHER SIGNIFICANT DE 20e. ACCIDENT WAS UNDERLYIN- OR CONTRIBUTING CAUSE OF I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 20d. INJURY OCCURRED While Not While at work et work et work							
	21. I certify that (I) (this hospital) attended the deceased from 194, to 194, to 194, that (I) (we) last saw the deceased alive on 194, and that death occurred at 73,9%, from the causes and on the date stated above.						
Company Constitution of the Contract of the Co	222. SIGNATURE CONTROL MAN M.		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 2-8-66			
22c. PHYSICIAN'S NAME (Type) C. B.	MAC Donald M.D	22d. ADDRESS 204 CM	ain Hay, 8km	Burnie Mel.			
23e. 8URIAL, CREMATION, 23b. DA REMOVAL (Specify) Feb.		tery or commatory torial Park	23d. LOCATION (City, to Cumberland				
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS elli, Cumberland, Ma		EB 14 1966	GISTRAR'S SIGNATURE Charley Judge			

VR A15 (4) 15M 7-62

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1721
CERTIFICATE OF DEATH 01731

		4/15/DD H	10	7 7 17			
1.	PLACE OF DEATH a. COUNTY		CE (Where deceased lived, If Institution:	Residence before admission)			
	Anna Arundal	a. STATE	b. COUNTY				
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (IF	□□ Foutside corporate limits, write RURA	L and give nearest town)			
	Crownsville 14 yrs.	Baltim	ore	30-4			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE			
	Crownsville State Hospital	2101 Cold	Spring land	YES NO			
3.	NAME DF First Middle	Lest	4. DATE Month	Day Year			
	DECEASED (Type or print) #13585 Sarah	ohnson	OF DEATH 2	19 19 66			
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. ACE (In years IF UNDE	R 1 YEAR HE LINDER 24 HRS			
1		0-22-1875	last birthday) Months	Days Hours Min.			
	2. USUAL OCCUPATION (Give kind of workdone 1Db. KIND OF BUSINESS OR		ounty & State, or foreign country) 12. (CITIZEN OF WHAT			
du	ring most of working life, even If retired) INDUSTRY		C	OUNTRY?			
	unknown unknown	Marylan		USA			
13	. FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME				
	Unknown		nown				
(Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. es, no, or unkown) (if yes give war or dates of service)	INFORMANT	Address				
	Va Unknown	Hospita	1 Records				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN			
1	PART I. DEATH WAS CAUSED BY:	rotic Hear	+ Diensen	DNSET AND DEATH			
	IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease years						
	DUE TO Compositioned Antonional annuis						
	Conditions, If any, which Generalized Afteriostierosis Generalized Afteriostierosis						
	cause (a), stating the DUE TD						
7	underlying cause last. (c)						
01	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION CIVEN IN PART 1(0)	19. WAS AUTDPSY PERFORMED?			
CA				YES NO XX			
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCUPANT OF THE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of	f Injury in Part I or Part II of item 1	8.)			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL		CE OF INJURY (Home, fa		ounty) (State)			
8	Hour a.m. While Not While at work	ry, street, office bldg., e	1(c.)				
2	21. I certify that (I) (this hospital) attended, the deceased from	8/21/ 1	9 52, to 2/19/ , 19 ⁶	that (I) (we) last			
	saw the deceased alive on 2/19/19 and that	death possessed at	9 20, to 27 20, 19 3 20M, from the causes and on	the data stated shows			
	22a, SIGNATURE // if	death occurred at		THE GATE STATEG ADOVE.			
	d-Vacan Waland So	ATTENDING ATTENDING	MED STAFF	3/4/66			
	22c, PHYSICIAN'S	PHYS. 22d. ADDRESS	DIRECTOR PHYS.	,, ,, ,,			
	22c. PHYSIC AN'S NAME (Type) Hildegard H. Reissmann, M.D.	Crownsvi	lle State Hospita	al, Maryland			
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)			
	REMOVAL (Specify) 3/4/66 University of	of Maryland	BALTIMIR	to My			
24	FUNERAL DIRECTOR ADDRESS ADDRE			R'S SICNATURE			
	1/1. The last of the contractions			£ _ //			
	VM/Lelse I 186 W. Washintar	DIMEN	10 1966 / Charle	y Judal			

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رواعيا).		THE SECTION OF	Allen David
	William Brown and the second of the second o	manufacture 321	AND THE PARTY

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then trees fremove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depts. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	01732			CERTIFI	CALL	: OF DEATH			117099
1.	PLACE OF DEAT	Н				2. USUAL RESIDENCE (Wh	ere deceased lived, If In	stitution: Re	sidence before admission)
	a. COUNTY	NEE A.	RIVAR	.s. Manut	4410	a. STATE	b. COU	NTY A	Λ
_	b. CITY DR TDW	N (if outside corpora and give nearest tov	te limits.	c. LENGTH OF STAY	-	c. CITY OR TOWN (If outside	e corporate limits, w	rite RURAL	and give nearest town)
	1/-	IND BO		18 vrs	2	Rivis	LA BE	ncH	02-1
	d. NAME OF HO	SPITAL OR INSTITUTION		spital, give street ac	dress)	d. STREET ADORESS			e. IS RESIDENCE ON A FARM?
_	2 13		w000	Ro		213 K	or wood	Ro	YES NO NO
3.	NAME OF DECEASED (Type or print)	۶.	irst	Middle		1/	DATE Mont	in out	0ay Year 19 66
5.		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	M 1 8	. OATE OF BIRTH	9. AGE (In years		YEAR IF UNDER 24 HRS.
	C	1	WIDOWED [DIVORCE		5. 22 /000	last birthday)	Months	Oays Hours Min.
10	HISHAL OCCUPAT	ION (Give kind of work			'	11. BIRTHPLACE (County &	State or foreign countr	v) 12 Cl	TIZEN OF WHAT
du	ring most of work	Ing life, even If retire	d) IN	IDUSTRY		T		CO	UNTRY?
13		IE WIFE				14. MOTHER'S MAIOEN NA		1 4	2627170
	1	. (11-11			Inlin Voc	7 +		
1!	. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16. 5	SOCIAL SECURITY NO.	. 17.	Julia Kee	Addre	ess	
G	No.	(If yes give war or dates	of service)	בן, ממגר	1	hn Keane -213	Variand Rd	D4	ama Pasah
		DEATH [Enter only or	ne cause per li	ne for (a) (b) and (c)		un neane -213	Velimond Ted	TILVIL	INTERVAL BETWEEN
		EATH WAS CAUSED BY	t: MA.	1	1	· da. 1			ONSET AND DEATH
	11201	IMMEDIATE CAUSE	(a)_000	cue car	oue	ce accompo	200110	_	To mener
	Cenditions, If	DUE	TO Page	0.7	f	-1.1:1	and den	0000	i rear
	gave rise to	Immediate /	(b) CC 167	rang un	esco	remore n	ion or	200-20	-
	cause (a), si underlying caus	_	(c) es	sential	A	ypertensier			8 gears
TION	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUT		OTRELA	TED TO THE TERMINAL OISEAS	E CONDITION GIVEN IN	PART 1(a)	19 WAS AUTOPSY PERFORMED?
SICA				none					YES NO
CERTIFICATION	2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI) 20b. 0 (TH (NER)	ESCRIBE HOW INJUR	RY OCCU	RREO. (Enter nature of Injury	In Part I or Part II	of Item 18.)	
	20c. TIME OF	INJURY Month, Oay,	Year 20d.	WURY OCCURRED 12	Oe. PLAC	E OF INJURY (Home, farm,	20f. (City or town)	(Cour	nty) (State)
MEDICAL	Hour a.i	m.	While at work	Not While		y, street, office bldg., etc.)			
-	21 certif	fy that (I) (this hos	nital) attende	d the deceased fr	pm ·	5/15 1957	to 2/24	196	that (I) (we) last
		ceased alive on	2/2			death occurred at // A	M. from the causes		e date stated above.
	22a. SIGNATU		1	11.					TE SIGNED
	The	m. Me for	eugh	len	M.O.	ATTENOING MED.	OR STAFF	1 2/2	25/66
	22c. PHYSICIA NAME (T		neLau	ghlin		3708 Monula	mikel. O	Pasac	lua, Md.
23			THEREOF	23c. NAME OF CE	METERY	OR CREMATORY 23	d. LOCATION (City, t	own or cou	nty) (State)
	REMOVAL (Spi	Feb. 28	3.1966	New Cathe	dral	Cemetery	307 ti mono	Marrila	nd
2	. FUNERAL DIRE	ECTOR	791700	ADDRESS	MA CL		REGISTRAR 25b.	REGISTRAR	SIGNATURE
0	eorge J.	Gonce - 40	001 Rito	chie Hgwy.	Balt	timore DATE 2	1966 40	Marle	Judge

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funeral and 2 death, after by the f Pages 1 urs after oon papers. Pag within 72 hours hours .= filled within etely pou executed physician n please val, and in be certificate removal, attending permit. Then the atten it permit. 10 death cremation, The law requires that the been signed by t the burial-transit or to burial, crema the hospital or attending physician. prior has After this certificate huld be detached for use he State Dept. of Health for use Health retained by orrector: / age 3 should lied with the OR be page

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DE DEATH BESIDENCE (Where deceased lived of Institution: Residence before admission) MARYLAND TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b OWN (If outside corporate limits, write RURAL and give nearest town) URAL and give near st town) apol d. NAME OF HOSPITAV OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ON A FARM? Arundel general Hospital ND X NAME DE First Middle Last DATE Month Day Year DECEASED DF 19 66 KIMBALL 8 Regina DEATH February (Type or print) 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED last birthday) | Months | Days Hours | Female White 2, 50 WIDOWED [DIVORCED 4 yrs. 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND DF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) during myst of working/life, even if retired) Schoo. eacher FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address (Yes, not or unkown) (If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which MU gave rise to immediate DUE TO (a), stating the underlying cause last. NO PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? CERTIFICATI ND T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work 19 p.m. that (I) (AVX last 21. I certify that (I) (this possite) attended the deceased from 19_SX and that death occurred M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF X DIRECTOR PHYS. M.D. PHYS. TO FUNERAL PHYSIQIAN'S 22d. ADDRESS director, p NAME (Type) John L. Hedeman, M.D. 1407 Forest Drive, Annapolis, Md. BURIAL, CREMATION, SEMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. FUNERAL DIRECTOR REGISTRAR 251. REGISTRAR'S SIGNATURE 25a. REC'D BY

MARYLAND STATE DEPARTMENT OF HEALTH

Page 4 may O HOSPITAL VR A15 (4) 1/65

18010 Home Houndel Maryland Hime Hrunder Komar Estates HTTHA POLIS Lackgook Lorency Loboury each 7 Romar Dr. West 2, 250 50 50 nji Teacher High School Stamferd, Conn. USA Michael F. Ryan Agnes Flynn wom H. Kimball to The second research to the second of the sec Color L. Budestin, ed. D. Line T. Street and Printer Color and policy and printers. Burial Hulbe St Hary's HAMPSOLIS PH John M. Layla + Sons Chmage to Mil.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2. should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M I/65

	MARYLAND STATE DEPARTMENT OF HEALTH		
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE	1, MARYLAND
1734	CERTIFICATE OF DEATH		0168
On the property			

4	11734	CERTIFICATI	E OF DEATH		11000
	a. COUNTY Anne Arundel	MARYLAND	a. STATE	CE (Where deceased lived, If institute b. COUNTY	tion: Residence before admission) Anne Arundel
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b		outside corporate limits, write	
	write RURAL and give nearest town) Annapolis	5 days	RURAL	- Edgewater	02-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
3	Anne Arundel General Hospi	tal	Rt-2, Edge	water Beach	YES NO
	3. NAME OF FIRST DECEASED	Middle	Last	4. DATE Month	Day Year
	(Type or print) George	17.	KLUG	DEATH February	10 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED.	NEVER MARRIED 8	B. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.
	Male White WIDOWED		Mar. 13, 18	84 81 yrs.	
		IND OF BUSINESS OR	11. BIRTHPLACE (C		12. CITIZEN OF WHAT COUNTRY?
	Ket d. Ciu			Maryland	U.S.
	13. FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME	
	19natius Kiug		"On		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITYNO. 17.	FOWZT J	- Klug Gadressi	Ham Md.
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).1	, / \		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	neisture be	and faile	ue .	2 WKS.
u	4221 DUE TO ()	1	-/ 1/2	1 1 (
	Conditions, If any, which) (b)	ferencler	Ari Card	levarrele deste	un-
	gave rise to Immediate (cause (a), stating the DUE TO				
	underlying cause last. (c)				
	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20a. ACCIDENT WAS UNDERLYING 20b. E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TING TO DEATH BUTNOT RELA	TED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
	☐ 20a. ACCIDENT WAS UNDERLYING ☐ 20b. E OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	finjury in Part I or Part II of It	em 18.)
	중 20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. If Hour a.m. While p.m. 19 at work	MOT MULLS	ry, street, office bldg., e	(C.)	
	21. I certify that (I) athleschesolad) attende		1	962 to Feb. 10	19 66, that (I) (Mak last
	saw the deceased alive on Feb. 10,	11	death occurred at		on the date stated above.
	228. SIGNATURE		12:2		2b. DATE SIGNED
-	1 Coard OO	M.D.	ATTENDING N. PHYS.	MED. DIRECTOR PHYS.	2/11/66
	22c. Physician's Richard N.	Peeler	22d. ADDRESS	apolis, Md.	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (State)
	BUTIAL (Specify) 2-14-1966	Ft. Linco	1n	Bladensbur	9 Md,
	24. FUNERAL DIRECTOR	ADDRESS	/ 25a_ RE	C'D BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
1	John M. Jaylor + Sons	Umapolis,	Md. DATE	B 16 1966 July	arles Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then press, temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01735
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	- ROM NEDILLE	PANE ARMAN	a. STATE	MARYLAN	. COUNTY	Residence before admission)
D. CITY OR TOWN	(if outside corporate limited and give nearest town)	c. LENGTH OF STAY IN	1 7	WN (If outside corporat	e Ilmits, write RUR/	AL and give nearest town)
d. NAME OF HOS	()	t in hospital, give street addr		IN. LEXI	YGTON.	9. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	EALL	Middle	LAW5	4. DATE OF DEATH	Month 2	Day Year /8 1966
5. SEX		WED DIVORCED	8. DATE OF BIR	1848 9. AGE last	birthday) Months yrs.	
	ON (Give kind of work done)	Ob. KIND OF BUSINESS OR INDUSTRY	1	ACE (County & State, or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	L LAWS		Not	Stated		
15. WAS DECEASED E (Yes, no, or unkown)	VER IN U.S. ARMED FORCES? (If yes give war or dates of service)	16. SOCIAL SECURITY NO.	HOSpito	e Record	Address	
The state of the s	EATH [Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per tine for (a), (b), and (c).]	NIA			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a gave rise to cause (a), sta	DUE TO ny, which (b)					
PART II OTHERS	CANFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT)	TINAL DISEASE CONDITION	N GIVEN IN PART 1(8	19. WAS AUTOPSY PERFORMED? YES NO
		Ob. DESCRIBE HOW INJURY			or Part II of Item 1	
20c. TIME OF II Hour a.m			. PLACE OF INJURY (He factory, street, office to		or town) (C	ounty) (State)
saw the dec	eased alive on 2/18	ttended the deceased from		5, 19 , to 2 d at 410/M, from the		the date stated above.
22a. SICHATUR	Somburt	Said.	M.D. PHYS.	DIRECTOR P	TAFF HYS.	DATE SIGNED
22c. PHYSICIAI NAME (Ty		EUN ALIKE	22d. ADOR	LINNSUILLE	STATE.	HUSPIAN
Burins	2 22-61	o net. aubi	etery or crematory	my Ba	ON (City, town or o	Med.
Charles	1. Rice, 661	W. Barre S	treet DA	EB 25 1966	gClarl	es Judge

Marketin To any way when we THO TIMESEL Lemman For the formeron 50 JAME HORFITHL Private anna 2000

MARYLAND	STATE	DEPAR	TMENT	OF	HEALTH	
MUNICITATIO	SIMIL	DEI MI	Z I IA1 PIA I	01	III	
 DECEMBAL AL			4 LEE DESIGN			none.

	DIVISIO	N OF STATIST	ICAL RESE	ARCH AND RECOR	RDS, 301 W.	PRESTON	STREET,	BALTIMOR	RE 1, MARY	YLAND
	01736			CERTIFICA	ATE OF	DEATH			1	1687
1.	PLACE DF DEAT	Н			11		(Where decease			ce before admissio
		e Arundel		MARYLAN		Marvla	ind	b. CDUN	Anne Ar	undel
		/N (if outside corpor and give nearest to	ate limits,	c. LENGTH OF STAY IN		DR TOWN (If or	utside corpoi	ate limits, writ	e RURAL and	give nearest town
1,5		and give nearest to	wn)			Annap	n i lo			72-1
_	d. NAME OF HO	SPITAL OR INSTITUT	ION (if not in i	nospital, give street addre	d. STRE	ET ADDRESS	OLIS			e. IS RESIDENC
		ne Arundel				157C. Rt	L. A	nnapoli	s Md	YES ND
3.	NAME DF DECEASED		First	Middle		st	4. DATE OF	Month	Da	y Year
	(Type or print)	Mang	aret	Delores 4	FISUR	E	DEATH	Feb	. 12	19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED		8. DATE C	F BIRTH	9. A	GE (In years I	F UNDER 1 YEA	R IF UNDER 24 HF
	Female	White	WIDOWED	DIVORCED	Sept.	16, 19	17	ast birthday) 7	Months Days	Hours Min
10a	a. USUAL OCCUPAT	TION (Give kind of wor	kdone 10b.	KIND OF BUSINESS OR	11. BIR	THPLACE (Cour	nty & State, or	foreign country)	12. CITIZEI	
	Housewi:				I	Baltimor	e. Md.		U.S	
13	. FATHER'S NAM	NE .				THER'S MAIDE				Val. V
	John T	. Schmitz				Mary A.	Revno	lde		
15	. WAS DECEASED	EVER IN U.S. ARMED F	DRCES? 16	. SDCIAL SECURITYND.	17. INFORMA		100,7110	Address	3	
(1)	No No	(If yes give war or dates	of service)	T	erov Te	iguro R	or 816	Rt.5,Pa	sadens	MA
=		DEATH [Enter only o	ne cause per	line for (a), (b), and (c).]	aroj za	10010	OK OLG	31600015		TERVAL BETWEEN
		EATH WAS CAUSED B	Y: D	R. D. 1/	. 0					ISET AND DEATH
	F01	IMMEDIATE CAUS	E (a)	revial Her	uorrha	ge				2 hours
	0 8 / /		E TD D:	1. 14	, 0	1 adir	/	/	6	7 H.
	Conditions, If gave rise to		(b) CV1	rposis of a	ver fa	Laur	anceo			MUNING 7
	cause (a), s	tating the DU	E TD	110,00	1. 1	1. 1			1	0.4001
z	underlying caus		(c)_acc	contex reg	vxicar	m	FIOROGUE		/(JULIE ALITORE
9	PART II. DTHER	SIGNIFICANTCONDIT	IONS CONTRIB	UTING TO DEATH BUT NOT I	RELATED TO TH	E TERMINAL DIS	SEASE CONDI	HON GIVEN IN P	ART 1(a) 19	PERFORMED?
100										res No
CERTIFICATION	20a. ACCIDENT DR CONTRIBUT	WAS UNDERLYING DING TO CAUSE DE DE	ATH 20b.	DESCRIBE HOW INJURY O	CCURRED. (En	ter nature of h	njury in Part	l or Part II of	Item 18.)	
	(IF EITHER, NO	ING CAUSE OF DE	INER)							
MEDICAL		INJURY Month, Day	, Year 20d.			JRY (Home, farm		ty or town)	(County)	(State)
9	Hour a.i	m. m. 19	While at wor	Not write		onico biug., etc.	./			
-				ded the deceased from	Decem	ber . 191	65 to -	Pebruary	1966	that (I) (we) la
		ceased alive on	2-12		that death po					ate stated abov
	22a. SIGNATU		1	2.					22b. DATE S	
	Most	Tant C. 1	1 3	an	M.D. PHYS.	DING ME	RECTOR	STAFF PHYS.	2-1	2-66
	22c. PHYSICI		-			ADDRESS				
	NAME (T	yhe)								
23	a. BURIAL, CREM REMOVAL (Sp	MATION, 23b. DATE	THEREDF	23c. NAME DE CEME	TERY OR CREM	ATORY	23d. LOCA	TION (City, to	wn or county)	(State)
			16.1966	Holm Cross	a Camat	A *****	Rital	nie Warr	AAC	lol Mi
24	Burial FUNERAL DIR	ECTOR Feb.	10,1300	Holy Cros	a venet	25a. REC'I	BY REGISTI	RAR 25b. RE	GISTRAR'S SIG	NATURE
	George .	Gonce -	1,007 F	litchie Howy.		L.EFR	17 10	ee oct	inela.	Ludar

VR AI5 (4) 2DM I/65

A P C T Daniel Con Land Britain Con Land Con Land Landing are a filonomy) Market Committee Mangaret Televis LEISURE The state of the s industrie and the second secon etfored . . . e Later Telantin Lot of the Section of Combrel Humanhay Company of lives for advanced and a second 2-12 58 Describe 65 Stormer 56 25 15 ne en alv Conce - 1201 - Conte Ery.

	01737 CERTIFICA	ATE OF DEATH
	PLACE OF DEATH a. COUNTY MARYLANE	423
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Orchard Beach d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 7934 East End Dr.	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Orchard Beach d. STREET ADDRESS 7934 East End Dr. 26 o. IS RESIDENC ON A FARM YES IN NO
	NAME OF DECEASED (Type or print) First Middle Irene M. Leutne:	Lest 4. DATE Month Day Yeer DEATH 2 8 19 66
2	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWEO DIVORCED B. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU	Stry 11. Birthplace (County & Steta, or foreign country) 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS IF UNDER 25 IF UNDER 26 Hours IF UNDER 26 HOURS IF UNDER 26 HRS IF UNDER 27 HOURS IF UNDER 27 HOURS IF UNDER 28 HRS IF UNDER 28 HRS IF UNDER 29 HRS IF
13.	Housewife FATHER'S NAME Albert Vander Linden	14. MOTHER'S MAIDEN NAME Mary —
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unkown) (If yes give wer or dates of service) No 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INFORMANT Address Family Same
	PART I. DEATH WAS CAUSED 8Y, Myocardial Infarc	tion INTERVAL BETWEEN ONSET AND DEATH 10 hrs
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	PERFORMEO? YES NO
MEDICAL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e.	RRED. (Enter natura of injury in Pert I or Pert II of item 18.) PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ectory, streat, office bldg., atc.)
MEI	21. I certify that (I) (This hospital) attended the deceased fro saw the deceased alive on Feb. 7	
	22e. SIGNATURE 22c. PHYSICIAN'S 22c. PHYSICIAN'S	M.D. ATTENDING MED. STAFF 22b. DATE ASIGN PHYS. ADDRESS 22b. DATE 25b. DATE
	NAME (Type) C. Earl Hill a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2/11/66 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	an a Ma
	McCully Funeral Home 237 Patspco Ave.	

Resto 60 C. may 50% Cap 1507 TE 1000 1 15 15 15 15 EDUTION OF THE RESERVE OF THE PARTY OF esentile -cod un lucest-others of our fieshwerth Old Jorden Land . And in country faces of the party of the country faces of the country

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral and 2 death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY after Anne Arundel Maryland MARYLAND Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Fob Shady Side Annapolis Ol day .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADORESS event, within 72 U.S. Naval Hospital 903 Lerch Drive completely to NAME DE DATE Middle Last DECEASED (Type or print) DEATH Llovd 6. COLOR OR RACE | 7. MARRIED Y DATE OF BIRTH 8. NEVER MARRIEO and 'n WIDOWEO DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INOUSTRY U.S. Marine & Guard TISMC. Towa O removal. MOTHER'S MAIDEN NAME ding ph Then Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Unknown 16. SOCIAL SECURITY NO. 17. INFORMANT (Wife) 10 (Yes, no, or unkown) (If yes give war or dates of service) 1917-1953 Yes Tyma Ia ttle cremation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] burial-transit burial, cremat þ PART I. DEATH WAS CAUSED BY: or attending physician. Congestive Heart Failure IMMEDIATE CAUSE (a) signed DUE TO Acute Myocardial Infarct Cenditions, If any, which (b) been rise to Immediate as the prior to **OUE TO** cause (a), stating underlying cause last. Coronary Arterial Atherosclerosis has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate CERTIFICAT hospital 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: After this certified be detached for State Dept. of h CAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While retained by at work at work 21. I certify that that that the hospital attended the deceased from 3 February , 19 66, to 11 February 9 66, that (1) We) last should ith the DIRECTOR: age 3 should led with the February saw the deceased alive on L 22a. SIGNATURE be STAFF PHYS. X page MED. DIRECTOR M.D. TO FUNERAL 22c. PHYSICIAN'S 22d. **ADDRESS** director, p NAME (Type should NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION REMOVAL (Specif **FUNERAL DIRECTOR** 25a. REC'D BY REGISTRAR

death. hours within executed be certificate death

VR A15 (4)

e. IS RESIDENCE ON A FARM? NO X YES

INTERVAL BETWEEN

ONSET AND DEATH

days

WAS AUTOPSY

NO T

(State)

(State)

PERFORMED?

YES X

4 February 1966

Year Month February 4 19 66
AGE (In years | FUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months |

Anne Arundel

Days Hours 66 12. CITIZEN OF WHAT COUNTRY?

TISA

903 Lerch Drive Shady Side. Md.

b. COUNTY

2-3

DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.)

(County) 20f. (City or town)

19 66, and that death occurred at O330M, from the causes and on the date stated above. 22b. DATE SIGNED

NAVAL HOSPITAL, ANNAPOLIS, MD.

23d, LOCATION (City, town or county)

25b. REGISTRAR'S SIGNATURE

Analysis and Interpt o entral since I full and the Carlywood dayning . B. H. thin I come. with the second section of Alfred No. 34 Miles and State of the State o evaluated and a second of the and the state of t The great of the street of the

The property of the control of the second of

FOR STATE HEALTH DEPT. TO DEPUTY CAL EXAMINER: This carificate should be executed within 24 hours after death. If any exey is necessary, please execu... The carificate, writing the word "pending" in pencil in Item 18. Give Page 17, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1, and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

EXAMINED'S CERTIFICATE OF

11759	L EXAMINER	GERTIII G	AIL OI DI		010411
1. PLACE OF DEATH •. COUNTY			ENCE (Where decease		lesidence before admission)
	MARYLAND	e. STATE Ma	ryland	b. COUNTY Anne	Arundel
Anne Arundel b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16				
write RURAL and give nearest town)		c. City Ok 10 W	N (If ourside corporate	limits, write RURAL end	give naarasi town;
Millersville	1 year	Mi	llersville		02-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRI			. IS RESIDENCE
North Arundel Gener		Ro	oute 1 Box	49 A Benfi	eld Ra no
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day Year
(Type or print) NELFORD	PACE	LLOYD	DEATH	2-3-66	19
S. SEX 6. COLOR OR RACE 7 MADE	IED A NEVER MARRIED	8. DATE OF BIRTH	19. AC	E (In years HE UNDER 1	
male white widow		2-6-2	38		Deys Hours Min.
	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (S	tete or foreign country)	12. CITI	ZEN OF WHAT COUNTRY
done during most of working life, even if retired)	101-8	- D - i			(1) (4
mich I thed the	Jey an	BC.	Man	col	0 -> 1]
13. FATHER'S NAME	0	14. MOTHER'S MAID	EN NAME	11 -	0.0
John T It	cusol	10111	ilene	Hepli	ustall
	S. SOCIAL SECURITY NO. 17.	INFORMANT	Bi	Address	1
(Yes, no, arunkown) (Ifyesgivawarozdetesofsecvice)	1-22/ 3201	B11 V	4 salles	10 - HV	11.0
10 CONTROL OF DEFENDE	-17/0738	ER1-00 11	al ax accep	ky - LC-L	- the
18. CAUSE OF DEATH Enter only one cause per			//		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Mul	tiple traumati	c injuries			
Z//L/L DUE TO					
6 100					
Conditions, if eny, which (b)					
(e), steting the underlying DUE TO					
cause lest. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	MINAL DISEASE CON	DITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED? YES NO
20e. EXTERNAL CAUSE WAS 20b. DESC	RIBE HOW INJURY OCCURED.	(Enter neture of injury in	Part I or Pert II of Item	18.)	
PRIMARY S of CONTRIBUTING ATT	0-20to 0011ici	on			
1144	o-auto collisi		form 1 206 (Classes)	1	(6)
Hour am.	le Not While O fa	tory, street, office bldg.,		own) (Cour	nty) (Stata)
2:15 xxx 2-3- 19 66 et wo		street	Mille	ersville A	.A. Md.
21. I certify that I took charge of the re	mains described above, h	eld an Autopsy K	Inspection	Inquiry ,	and in my opinion
death resulted from: Naturel causes	7. Accident X7. Aui	cide , Homici	de 🔲 IIndete	rmined manner	
dealin resulted from the factor causes [The coldestill the last			Things manner	
1/// Mn.	Man 7 1/	CHIEF MEDIC	AL EXAMINER		
ACTUAL SIGNATURE	IN I ACTIX.	M.D. ASSISTANT	MEDICAL EXAMINER		DATE SIGNED
	, 000/200 (T		ICAL EXAMINER		2-3-66
NAME (Type) Rudiger Breiter	necker, M.D.		et, city, town, or count	lv)	2 3 00
28. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C			(City, town, openitry)	(State)
REMOVAL (Spacify)	X 17	XII. nen	1201	12 18	1
Dunal 12-1-66	Bulaner 1	ely then	1 /200	(0 C).	YNO
23. FUNERAL DIRECTOR	() ADDRESS	24a.	REC'D BY REGISTRAR	24b. REGISTRAR'S SI	GNATURE
titlet 1. Karren en	Seven a 186	Cha Opti	B 8 1951	(Celevela	Julas

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

	UIVEU			CERTIFICAT	E UF DEATH				11-	LUJ	1
1.	PLACE OF DEATH				2. USUAL RESIDENC					before ac	lmission)
	Anne Ar			MARYLAND	a. SMaryla	ind	5.31	ВМАДИ	ry's		/
9	b. CITY OR TOWN (If write RURAL and	outside corporate IIn	nits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside (corporate limits,	write RUR	AL and gl	o neares	t town)
	Crownsv			5 days	Hollyw	bool			18	- 2	
			not in ho	ospital, give street address)	d. STREET ADDRESS				10		IDENCE
	Crownsv	ille State	Hos	spital	Rt. 2,	Box	83			ON A F	NO [
3.	NAME OF DECEASED	First		Middle	Last	4. DAT	TE Mo	nth	Day	Yea	ar
		#31359 F	lori	ine	Lyles	DE	ATH 2	2	2	8 19	66
5.		OLOR OR RACE 7. N	ARRIED		B. DATE OF BIRTH		9. AGE (In year				
	Female	Negro w	DOWED	DIVORCED	May 15, 187	79	iast birthday	Month:	Oays	Hours	Min.
10	a. USUAL OCCUPATION (Give kind of work done	10b. KI	IND OF BUSINESS OR	11. BIRTHPLACE (Co		- 1101	try) 12.	CITIZEN	OF WHAT	-
dui	ring most of working life	le, even if retired)	11	IDUSTRY	Mar	nul an	vel.		COUNTRY	5.A.	
13	. FATHER'S NAME				14. MOTHER'S MAID	rylan			u.	J.A.	
	Clarence	Ho1t			14. MOTHER S MAID	You					
16	. WAS DECEASED EVER		2 16	SOCIAL SECURITYNO. 17.	INFDRMANT			ress			
(Y	es, no, or unkown) (if ye	s give war or dates of servi	ce) 10.	SUCIAL SECURITINO. 17.				1622			
	Unknown			Jnknown	Hospital	Reco	rds				
			se per li	ne for (a), (b), and (c).1	1//	/				RVAL BE	
	PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (a)_	45+	ERIUSC/erotic	Heart	4/30	=45 €				
н	4200	DUE TO	0	1	1				15		
	Conditions, if any,		(981	Deral Urt	erioselero	815					
	gave rise to imm	ediate (1	/							
	cause (a), stating underlying cause las	tile	Ma								
S		_ (0/_	ONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	I SEASE C	ONDITION GIVEN	IN PART 1(a) 19.	WAS AU	
AT	11.1	1)	1					YE	PERFOR	MED?
Ħ	2Da, ACCIDENT WAS	INDERLYING D	20b. D		IRRED. (Enter nature of	inlury In	Part I or Part I	of item		3 []	но Ц
CERTIFICATION	OR CONTRIBUTING	1 CAUSE OF OFATH	2001			injury in		or reom	,		
	2Dc. TIME OF INJUR		2Dd II	NJURY OCCURRED 20e. PLA	CE OF INITIDY/Home fo	rm 204	. (City or town)	10	county)		State)
MEDICAL	Hour a.m.	A Month, Day, real		facto	ry, street, office bidg., et	tc.)	. (City of town)	(0	,ounty)	(-	reacc)
ME	p.m.	-H 19	at work	Not While							
	21. I certify that	n(I) (this hospital)		ed the deceased from	2/23 19				66, th		
	saw the decease	d alive on	12/	28 19 65 and that	death occurred at	J AM,	from the cause		the dat	e stated	above.
	22a. SHGNATURE	1 11 FK	5	01011	ATTEMPING	MED	STAFF -	22b.	DATE SI		
	1 XW		un	M.C	. PHYS. XX I	MED. DIRECTOR	PHYS.		2/28	/66	
	22c. PHYSICIAN'S NAME (Type)		/	J-17	22d. ADDRESS	11 - 0	***** U=		-1 0/		and
		ionel McH	enfy	Марр, М. D.	Crownsvil	118 2	orate Ho	spita	11, 1	ary1	. 1110
23	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THER	EOF	23c. NAME OF DEMETER	OR CREMATORY	23d.	LOCATION (City,	town or	county)	(\$1	tate)
1	Wial specify)	13/2/66		St breek	h	m	19 gines	2		740	2
24	. FUNERAL DIRECTOR	4-1	0	ADDRESS/	25a. REC	O'D BY RE	GISTRAR 256.				
1	Valor ko Tre	allingley.	Ture	withour his	DAMAR	4	1966 8	Mary	les fo	edge	

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PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) after death. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM? retained the State A. GewereL ROADWATE YES NO to the fu 3. NAME OF DATE hours DECEASED the No. (Type or print) DEATH death. pe 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) Hours A hours after of Pages 1, 2, an M3. Page 7 m pages 1 a d page 1 a d pages 1 a 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) pages PM3. 13. FATHER'S NAME 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (Ifyesgivewerordetesofservice) yes 1965-1966 and StewARD T. MACNE 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).) Office along v remova PART I. DEATH WAS CAUSED BY: " in pencil i Office alon IMMEDIATE CAUSE (e) should be DUE TO 50 "pending" in Examiner's Of used as a bu Conditions, if eny, which (b) gave rise to immedieta cause DUE TO Examiner (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY CERTIFICATION burial, Word 9 PERFORMED? Medical NON plnods writing the v e Chief Medi Page 3 shoul 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 0 PRIMARY | or CONTRIBUTING | IOL CAUSE OF DEATH. Auto. to. struck fixed object
2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form,) the C. MEDICAL d Month, Dey, Year 20c. TIME OF INJURY 20f. (City or town) (Stete) agent, While Not While fectory, street, office bldg., etc.) While Not While of work lu 2 the certificate, forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion designated Natural causes Suicide death resulted from: Accident . Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be for FUNERAL I ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED S SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 0 EXAMINER'S o Phonic A should PUNIC FUNICAL Health NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) ARINGTON NATIONAL LINGTON 240, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VR A15ME 5M 1/62

Item 20b Film G374 3 ARARYLAND

Harus K & Co DAX LM Charehton, Md BROREWATER PT. Stemme Tilton MacNell II Feb 28 66 Mala white Nov 1, 1946 19 Newton, MASS. USA STEWRED THTON Hackbell II yes Steward Meester Churchten 711D Burel Mar 3, 1966 Relargion Merrano Mahruphon, Va Annote marithme or land, a

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). o. COUNTY o. STATE h COUNTY . M. Ce. P.M.3. Page ABCD. af death. MARYLAND delay Department CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) after 9/en BURRIE 4R5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS haurs alang with farm BOX115 MARKY NOCK - Rd. Pages NORTH ARUNDEL GENERAL ate 24 haurs after death. 3. NAME OF Middle First Lost 4. DATE Month 5 Dov DECEASED OF 0 MAhONE 2 27 Ē (Type or print) DEATH within with S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In veors IF UNDER I YEAR 7. MARRIED NEVER MARRIED birthdoy) Months WIDOWED X DIVORCED event 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) any 601 abod within pencil 13. FATHER'S NAME _ DABRIEL MALINDA File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT be executed Address (Yes, no, or unknown) ((If yes give wor or dotes of service) permit. remaval TAMES MALLONEY CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH D under IMMEDIATE CAUSE (o) should crematian, DUE TO Conditions, if ony, which gove (b) D. rise to immediate couse (a) DUF TO This certificate stating the underlying couse 0 lost burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY CERTIFICAT pe 2 prior 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH agent, 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20f. (City or town) (County) Hour o.m. While Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work ot work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 7 Inquiry ond in my opinion funeral directar, deoth resulted Noturol couses Accident Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Health NAME (Type) Address (Street, city, town, or county)

23c. NAME OF CEMETERY OR CREMATORY

VR A15ME (5) 6M 1/66

0

23o. BURIAL CREMATION

24. FUNERAL DIRECTOR

23h DATE THEREOF

the

METH. CHURRY 0115 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

LOCATION (City or Town)

e. IS RESIDENCE

ON A FARM?

Year

IF UNDER 24 HRS.

Hours

PERFORMED?

NO C

(Stote)

22. DATE SIGNED

(Stote)

(County)

1966

NO 🛰

Service

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The same of the sa

Section of the second

Leonard J. Ruck Inc. Balto. Md. 21214

e. IS RESIDENCE arkside ON A FARM? NO X YES Month Day Year 1966 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) Months Days Hours Vrs. 12. CITIZEN OF WHAT COUNTRYZ Address INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NO DO (State) 2Df. (City or town) (County) and that death occurred at 6 13 A.M. from the causes and on the date stated above. 22b. DATE SIGNED 23d. LOCATION (City, town or county) (State) Baltimore. Md. 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20M 1/65

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better it were Int. bullet in the state

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in appearing, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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TI	cem lo r	11m G 774 7		YLAND STATE DE							
	DIVISIO	N OF STATISTIC	CAL RESE	ARCH AND RECORDS			REET, BALTIN	NORE 1,	MARYL	AND	
	0174	4		CERTIFICAT	E OF DEATH				(1)	.694	1
1.	a. COUNTY	H Arundel		MARYLANO	2. USUAL RESIDENCE a. STATE			YTNUC			mission)
	b. CITY DR TDW write RURAL	/N (if outside corporate and give nearest tow SVIIIE	e limits, n)	c. LENCTH DF STAY IN 16	c. CITY DR TOWN (If	outside		Write RURA			t town)
-				ospital, give street address)	11	- 001			0	. IS RES	DENCE
		sville Sta			Rt.1,	Вох	244			DN A F	
3.	NAME DF DECEASED (Type or print)	3 - #29950	rst Alma	Middle	Last Malia	DF		on th	Day 8	Yea 196	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. ACE (In year	rs IF UNOE	R 1 YEAR	IF UNDER	24 HRS.
F	emale	White	WIDOWED		Sept. 3, 1	911	Jast birthda		Days	Hours	Min.
10a dur	. USUAL OCCUPAT	TION (Cive kind of work king life, even if retire	done 10b. H	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (C		State, or foreign cour	ntry) 12.	CITIZEN	DF WHAT	
	FATHER'S NAM		/		1 14. MOTHER'S MAIG						
	FDR Wat	COD			Mar	cia	Watson				
15		EVER IN U.S. ARMED FD	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	010		iress			
(Ye	No. or unkown)	(If yes give war or dates o	f service)	Unknown	Hospital	Reco	rds				
				line for (a), (b), and (c).]					INTE	RVAL BET	WEEN
	PART I. O	EATH WAS CAUSED BY IMMEDIATE CAUSE		rogressive i	nanition &	Cach	exia		7	mos.	
	025	DUE									
	Cenditions, if			bnic Brain Syr							
	gave rise to cause (a), s		TO Mer	iingo-encepha. tral Nervous S	9 1				LIE	nknou	10
-	underlying caus		(c)		-JF	hili					
CATION	PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRIB	UTING TO OEATH BUT NOT REL	ATED TO THE TERMINAL I	DISEASE	CONDITION CIVEN	IN PART 1(a) 19. YE	WAS AU PERFORI	TDPSY MED? NO XX
CERTIFICATION	20a. ACCIDENT DR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] ING [] CAUSE DF DEA TIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury I	In Part I or Part	ll of Item 1	8.)		
MEDICAL		INJURY Month, Day,	Year 20d.	Not While fact	ACE OF INJURY (Home, fa ory, street, office bldg., e	arm, 20 etc.)	Of. (City or town) (C	ounty)	(S	tate)
M		m. 19	at wor		7/15	. 65	. 7/9		66		\
	21. I certi	fy that (I) (this hos	oital) attend	led the deceased from	// 13 , 1		to 2/8	, 19_	00, ()	nat (I) (w	(e) last
	saw the de	ceased all ve bell	/ -/ -/	, and tha	t death occurred at_	M	I, from the caus	es and bn	DATE SIG	Stated	anove.
	Hilall	non which	made	You		MEO.	OR STAFF	7 220.	2/8/		
	22c. PHYSICI	MYS THE	seco.	M.	1 22d. ADDRESS	OIRECTO					
	NAME (T	Mildegard	Heard	d Reissmann,M.	D. Crownsv	ille	State H	dospit	cal,N	1ary1	.and
232	LUBUAL, CREM	MATION, 23b. DATE	THEREOF	236. NAME DE CEMETER	Y OR CREMATORY	23d.	LOCATION (City	10 1 -			ate)
	Venue	120 2125	64	1 de juneton	Judones	De		1314 LT			
24	FUNERAL DIR		21.1	ADDRESS AND	malles and	1 T				ATURE	
1	Ulle	- 9 11 19	gu w	The solution	PAR DATA		1966	Charl	Ry Va	dar.	

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the state of the s THE RESERVE TO COMMERCE (a modern) neither Tellisonal Legisland and a service of the working and tracked as as historical to a comment of branch the supplemental Marine Ma

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY necessary, ector. Page b. COUNTY Health, e. STATE NO 3 to the funeral director. Pag MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) HANGYEK HANOVER d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? NORTH. ARVIVEL he State B 130x 42 11.0.17-YES NO death NAME OF Middle 4. DATE Month Dey Yeer DECEASED OF the (Type or print) DEATH 1966 with AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 高 7. MARRIED NEVER MARRIED XX 2 with age 5 may 1 and 2 wil 72 hours last birthday) and WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) 8. Give Pages 1, U.S.A. Railroad Severn Maryland Track Man pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Anetta Lomax Matthews File form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or detes of service) Box #42 Hanover Md Gilbert Matthews 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: and pencil IMMEDIATE CAUSE (a) Office removal DUE TO bluods a Conditions, if eny, which (6) geve rise to immediate ceuse ro DUE TO (e), steting the underlying Examiner cause lest. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? writing the word were Chief Medical Ex Page 3 should be unto to burial, cremation Pe NO M 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While 2.5.66 AACO 141) the at work Home et work prior e certificate, OR: 21. I certify that I took charge of the remains described above, held an Autopsy 0 Inspection Inquiry CAL should be forwarded FUNERAL DIRECT death resulted from: Natural causes Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designafed ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Q40 p OL Saints Harmons Maryland Rest Cemetery Burial 23. FUNERAL DIRECTOR VS. AISME Nutter-3035 W. North Ave. Herbert E.

MARYLAND STATE DEPARTMENT OF HEALTH

dest us de la company de la co

FOR STATE HEALTH DEPT.

cessary, he funeral 5 may be O DEPUTY MEI EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executs are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to addictor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 retained for your files. TO DEPUTY MEI

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event prior 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01746	M	EDICAL	EXAMINE	R'S CE	RTIFICATE	OF DEATH		016	96
1.	a. COUNTY				2	USUAL RESIDENCE a. STATE	(Where deceased lived, If in		sldence before	admission)
		ne Arundel		MARY	LAND	Mar	yland	Ann	ne Arun	
	b. CITY OR TOW Write RURAL Sto	N (If outside corpora and give nearest tow ne Haven	te limits, m)	c. LENGTH DF STA	Y IN 1b C		ice on Bay, P			est town)
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (If not in h	ospital, give street e	ddress) d	STREET ADDRESS	zee on bay, z	- COUC		ESIDENCE
		lton Road				Rt.	11, Box 128A	L	ON A	FARM?
3.	(Type or print)	EDW.	rst ARD	Middle .	McCann /McC	ANNS, Jr.	4. DATE Found Mont OF DEATH Febru	ary	10 19	
	sex Male	6. COLOR OR RACE White	WIDOWED	NEVER MARRIE		DATE OF BIRTH	9. AGE (In years last birthdey) 5 9 yrs.	Months	Days Hour	ER 24 HRS. s Min.
10 du	a. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. K d) II	IND OF BUSINESS OF NDUSTRY	1	1. BIRTHPLACE (Sta	te or foreign country)	COI	TIZEN OF WHA	AT.
13	FATHER'S NAM	E			14	4 -	N NAME			
	Colua	d.J.				mildred	Constanten	T.		
(Y	es, no, or unkown)	EVER HIU.S. ARMED FO (If yes give war or dates o	RCES? 16. f service)	SOCIAL SECURITY NO). 17. INF	ORMANT	Addre	\$\$		
=	1 18. CAUSE OF	DEATH [Enter only on	e ceuse per l	ine for (a), (b), and (c). 1			1	INTERVAL B	ETWEEN
		ATH WAS CAUSED BY		nguination	, -				ONSET AND	DEATH
	977			ii 6 d I ii d C I O ii						
	Conditions, If	DUE	T0 m117	tinle lace	ration	s of forea	30m C			
	gave rise to		(b)	cipie lace	Lation	s or rorea	LIII2			
	cause (a), st	tating the DUE	TO							
_	underlying caus	- 1	(c)							
MEDICAL CERTIFICATION	150000		ONS CONTRIBL	ITING TO DEATH BUT	NOT RELATED	TOTHETERMINAL DI	SEASE CONDITION GIVEN IN	PART 1(a)		NO X
旧	20a. EXTERNAL	L CAUSE WAS CONTRIBUTING	20b. I	DESCRIBE HOW INJU	RY OCCURRE	D. (Enter nature of I	njury in Part I or Part II o	of Item 18.)		
12	CAUSE OF DEAT	H.	S	lashed for	earms	with razor	blade.			
AL		INJURY Month, Day,	Year 20d. II	NJURY OCCURRED	2De. PLACE	F INJURY (Home, fari	m, 2Df. (City or town)	(Cour	nty)	(State)
EDIC	Hour Xex	//9	6 While	Not While A	Stree	treet, office bldg., etc t = auto	Stone Haven	A.A	.]	Md.
2		that I took charge			ove, held a	n Autopsy ,	Inspection x, Inqu	iry 🗍,	and in my	opinion
	death result	ed from: Natural	causes 🗌	, Accident	, Suicide	X, Homicide	Undetermined	manner		
			0 (CHIEF MEDICAL	EXAMINER			
	ACTUAL SIGNATURE	Chau	er) 0	elly	N	.U.	CAL EXAMINER X		22. DATE	
	EXAMINER'S NAME (Type)	Charles	S. Pet	ty, M.D.		DEPUTY MEDICAL Address (Street,	L EXAMINER City, town, or county)		2/10/6	6
23	a. BURIAL, CREM REMOVAL (Spe	ATION, 23b. DATE	THEREOF 66	23c. NAME OF C	EMETERY OR		Beldo Wal	own or cou	nty) (State)
2	4. FUNERAL DIRE	CTOR f. N. 2	0	ADDRESS APPRIES APPRIES	0 0% L		D BY REGISTRAR 25b. R	EGISTRAR'S	SIGNATURE	4
_		1 4			~~~	DATE	1009		- (

THE CHARGE AND prischles ett i de seine de s

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page () be retained by the hospital or attending physician.

TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
()1697 01743

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
•. COUNTY Anne Arundel MARYLAN	o. STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town)	1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
While KUKAL and give records to you	Linshicum Heights
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 0. 15 RESIDENCE
North Arundel Hospital	633 Gayle Drive ON A FARM?
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer OF
(Type or print) ELIZABETH T.	MEISER DEATH February 19 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	1 100F months buys months
10a. USUAL OCCUPATION (Give kind of work done during most of working lile, even il retired)	USTRY 11. BIRTHPLACE (County & Stele, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Julius Thome	Barbara (unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordetesolservice)	William M.Meiser Jr. 633 Gayle Drive-Linthicu
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
	ONSET AND DEATH
IMMEDIATE CAUSE (a)	, thrombosis i day
The state of the s	
Conditions, if any, which \ (b) there o - I ce	unche cararo- un cula
geve rise to immediate ceuse	
(a), stating the underlying cause last.	dream
	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URED. (Enter neture of injury in Part I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20c While Not While et work et work	s. PLACE OF INJURY (Home, Ierm, fectory, street, olfice bldg., etc.) (City or town) (County) (Stete)
21. I certify that (I) (this hospital) attended the deceased fr	om Feb. 1 , 196 1, to Feb. 19 , 1960, that (1) (we) last
saw the deceased alive on Febr. 19 1966, and	that death occurred at 6 30M, from the causes and on the date stated above.
22e. SIGNATURE	22b. DATE
Robert Daho eing	M.D. ATTENDING MED. STAFF THE THE SIGNED
22c. PHYSICIAN'S NAME (Type) ROBERT DABOLING, M	1) 22d. ADDRESS War gen Burning, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET REMOVAL (Specily)	TERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	alley Mem. Park Baltimore County Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Wm. Cook-Brooks Towson, Inc. 1050 Yo	ork Road. FEB 24 1966 Schooler Judge
HILL COOK DIOOKS TOWSOIL, LIKE, 1000 IL	THE DIE TOUR IT IN THE TOUR IT IN TH

VR A15 (4) VR A1S

DESCRIPTION OF THE PROPERTY OF Ans. 4, 1895 - 1 270 a.r. (Handelett) - SAGSEL world the every service of the contract of the second of the second Fig. 22, 1968 I Mulanes Valley Sur. Part & Miletone U Conty TO THE PROPERTY OF THE PARTY OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. VR A15 (4) 15M 4-64

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		MARYLAND STATE DEF	PARTMENT OF	HEALTH	
VISION	OF STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTON	STREET,	BALTIMORE 1, MARYLAND
68		CERTIFICATI	OF DEATH		0100

	01748 CERTIFICAT	TE OF DEATH	01698					
1.	PLACE OF DEATH a COUNTY Anne Arundel b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ponders Cove	Edgewater.	ne Arundel					
3.	NAME OF FIRST Middle DECEASED (Type or print)	Last 4. DATE Month	Day Year 2 3 1966					
10:	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Penale White WIDOWED DIVORCED Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	8. DATE OF BIRTH Dec. 13, 1921 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	1 YEAR IFUNDER 24 HRS. Days Hours Min.					
1	uring most of working life, even if retired) Reanch Sec. 3. FATHER'S NAME	Washington U.S.	DUNTRY?					
15	Anthony Anselmo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Ponders Cove S79-12-5512 Andrew Messines Edgewarer, Maryland							
N	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	Cell Sarcoma	INTERVAL BETWEEN ONSET AND DEATH THOUGHT LS					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL		19. WAS AUTOPSY PERFORMED? YES NO					
		CURRED. (Enter nature of Injury in Part I or Part II of Item 18.)						
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While Not While p.m. 19 at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (Counterly, street, office bldg., etc.)	nty) (State)					
	21. I certify that (I) (this hospital) attended the deceased from 1/29, 1965, to 2/23, 1966, that (I) (wet last saw the deceased alive on 2/1/1966, and that death occurred at 1/200M, from the causes and on the date stated above.							
	22a. SIGNATURE Cofuerable Hocheman M. 22c. PHYSICIANS NAME (Type) Color Dichard Loch man M.	ATTENDING TO MED. STAFF - 2/	24/66					
23a	Rusial Geb 28 1066 Gant Cincoln	RY OR CREMATORY 23d. LOCATION (City, town or cour	(State)					
24	4 FINERAL DIRECTOR AND LOS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE Sudge					

2.0 , 1 وحدد 2 0 7 2 40,000 515, 5000 2013 1,0 13 ed Stranger Land. 13, 195. 2000 between the experience of the every wines were e., is

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01699

1. PLACE OF DEAT	ГН				institution: Residence before edmissi
	ne Arundel	MARYLAND	Md. Anne	Arundel	A H
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 16			a RURAL and give nearest lown)
	nd give nearest town)		Glen E	Burnie Mary	land
Ani	PITAL OR INSTITUTION (IF not	lyr. 3 mos	. 在每 景。	好还老师 无分差数位置	l e. IS RESIDEN
d. NAME OF HOSP	TIAL OK INSTITUTION (IT NOT	in nospitat, give street eddress)	d. STREET ADDRESS		e. IS RESIDEN
10	N. Glen Ave	nue	16 Gre	enway S. W.	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	h Dey Year
(Type or print)	ANNA	LAURETTA	MIEDEL	DEATH 2	22 1966
5. SEX	6. COLOR OR RACE 7 M		DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HE
Forma 7 o			0/00/1000	last birthdey)	Months Deys Hours Min
Female	111111111111111111111111111111111111111	OWED DIVORCED	2/20/1882		
	rorking life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTR	11, BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNT
House	ewife		Wheelir	ng W. Va.	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Lowi	s Sorge		Margare	+ C OlDonn	-11
	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NEORMANT	et G. O'Donn	
(Yas, no, or unkown)	(If yes give war or detes of service			7100100	
no		210-01-5356	Mrs. Mary	V. Frantz	10 N. Geen Ave
	DEATH [Enter only one cause	per line for (a), (b) and (c).)	2 /	1	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (e)	le Mil mon	Ann I al	ma	17-61-
4241	DUE TO	- 10411414	11 / 1-	3 /-	101100
Conditions is an		Combile home	* (har) -	tening	6222
Conditions, if ar		11 det 1 - 10 1	Mary 1	00000	4 1111
(e), steting the					
cause lest.	(c)				
Z PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	
JEA (A seiti	Camarel			PERFORMED YES NO
E 20a ACCIDENT	WAS UNDERLYING 201	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	in Part I or Part II of item 18.)	
OR CONTRIBUTION	G CAUSE OF DEATH	DESCRIPTION HOOK! OF CORRE	or (Elliot Holder)		
ZDc. TIME OF IN	JURY Month, Dey, Yeer	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fer	m, ; 20f. (City or town)	(County) (State)
2Dc. TIME OF IND		THE THE PERSON OF THE PERSON O	ory, straat, office bldg., etc	:.)	
₹ p.m.	. 19	of work at work	1	111 -7 /	- 11
21. I certify	that (I) (this hospital)/a	attended the deceased from	I My	1994 to 10	1206, that (1) (we)
saw the decea	ased alive on	2.7.1966, and that	death occurred at !!	M, from the causes	and on the date stated above
SIGNATURE		1,	E - U - U - U		/ 22b. DAT
10 110	mail XX	MANTANAN M	DATE OF	MED. STAFF DIRECTOR PHYS.	SIGI
22c. PHYSTCIAN	Fred 1/12	Correct of Cold	22d. ADDRESS		- Jugar
SAME (XE	OK A A IN A	NC	315011	THEATE	- A-1/
23a. BURIAL, CREMA	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
REMOVAL (Specif	у)				
Burial	2/26/66	Meadowri			Howard Cty. Mc
24 FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS	FFD	C'D BY REGISTRAR 256. RE	
Raymon	d C. Fink	Glen Burnie, M	d. FAFED	24 1956 1	carles Judge

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8/30/1682

which ing M. Wa.

Lewis Surge ____ Manual C. O'commell ____

210-01-5550 Mes. Mary V. Frants 10 N. Clen ave.

ac Milmongy Latemer 12/10

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Ca mitsigmind

Tope of the word with the ser of

Mining SK- (ANTMED - X - 17:16)
M.F.KKHHHANS BISLOTHERTE AT

Raymond C. Fink - Olen Burnie, Md.

	MAKILAND SIATE DEPARTMENT OF REALTH	
DIVISION OF STATIS	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
ATTER	CERTIFICATE OF DEATH	01966

V	HI COU	Ttom #0	F: 17 7 7 7 7	17/66 DC			ULGUU
1.	PLACE OF DEATH a. COUNTY AND	VE ARUNDEL	MADVIAND	a. STATE	NCE (Where deceased li	ved, If Institution: b. COUNTY	Residence before admission) ANNE ARUNDEL
	b. CITY OR TOWN (If	outside corporate limits.	MARYLAND c. LENGTH CF STAY IN 16	11		Ilmits, write RURA	L and give nearest town)
	write RURAL and	outside corporate limits, give nearest town)	12 YRS.		EN BURNIE		02-1
	d. NAME OF HOSPITA	L OR INSTITUTION (if not in h	ospital, give street address	d. STREET ADDRESS	S		e. IS RESIDENCE ON A FARM?
	113 (GARRETT ROAD		113		DAD	YES NO NO
3.	NAME DF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
	(Type or print)	JOSEPH	В.	MORRIS	DEATH	FEBRUARY	
5.	SEX 6. 0	COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH	last t	In years IF UNDER	R 1 YEAR IF UNDER 24 HRS.
	MALE	JHITE WIDOWED	DIVORCED [MARCH 15,18	B77 /878	8 yrs.	
10 du	a. USUAL OCCUPATION (ring most of working li	fe, even If retired)	KIND OF BUSINESS OR INDUSTRY		County & State, or fore	0	CITIZEN OF WHAT COUNTRY?
12	CARPENTER FATHER'S NAME	(KEI) LL	DNSTRUCTION	BALTIMOR		MU.	U.J.A.
13		NATHAN MORRIS				LLINGSLE	Δ.
					DUIVUI UI		
		es nive war or dates of service)	. SOCIAL SECURITY NO. 17 15/24/8476	MR. JOSEPH	W. MORRIS	Address S AME	AS # 2
	1 18. CAUSE OF DEAT	H [Enter only one cause per	line for (a), (b), and (c).]				INTERVAL BETWEEN
	PART 1, DEATH	WAS CAUSED BY:	Congas tive	heart	fai lune		ONSET AND DEATH
	42 4M	MEDIATE CAUSE (a)	1		/ / / / / / / / / / / / / / / / / / / /		
	Conditions, If any,	DUE TO					
	gave rise to imm	ediate (
	cause (a), stating						
NO	underlying cause las	FICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(a) [19. WAS AUTOPSY
CERTIFICATION	TART THO THE OTHER						PERFORMED?
E	20a ACCIDENT WAS	UNDERLYING 20b.	DESCRIBE HOW INJURY OC	CURRED. (Enter nature	of Injury in Part I or	Part II of Item 1	Hard Many
ERT	OR CONTRIBUTING	UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DECORIDE HON HOOK! OO	00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			INJURY OCCURRED 20e. P	LACE OF INJURY (Home,	farm, 20f. (City o	r town) (Co	ounty) (State)
MEDICAL	Hour a.m.	RY Month, Day, Year 20d.	fai	ctory, street, office bldg.		(0111)	,unity) (outer)
ME	p.m.	19 at wor	rk at work				
	21. I certify the	at (I) (this hospital) attend	ded the deceased from_	July 20	196 4 to Zet	7. 9 19	66, that (I) (we) last
	saw the deceas	ed alive on Fcbr.	7 19 66, and th	nat death occurred at	O M, from the	causes and on	the date stated above.
	22a. SIGNATURE	10 - 1		ATTENDING	MED ST		DATE SIGNED
	to but	- Walseing		A.D. PHYS.		YS. TEG	11, 1966,
	22c. PHYSICIAN'S NAME (Type)	ROBERT B	ABOLINS MD	400 CRA	IN HOGHWAY	, GLEN E	BURNIE, MD.
23	a. BURIAL, CREMATIC	N, 23b. DATE THEREOF	23c. NAME OF CEMETI	RY OR CREMATORY	23d. LOCATIO	N (City, town or c	ounty) (State)
	REMOVAL (Specify)	FEB. 12,196	6 GLEN HAVE	MEMIL PAR	K GLEN E	BURNIE. N	10.
2	4. FUNERAL DIRECTOR		ADDRESS		REC'D BY REGISTRAR		
	R.V. SI	NGLETON GLE	N BURNIE, MD	DATE	B 1 4 1966	geliant	es Judge
1				I PART INC.	- L A IVVV	1 (1	Y All All All All All All All All All Al

VR AI5 (4) 20M 1/65

1 Mar. 12 Mar. 14 Mar. 1 113 Dates II. Which X X Clarate Mach (1967) (1969) In the decimal track (1967) to the contract of the and the second to the second t

1 /		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	AARYI AND
= = 0	1	CERTIFICATE OF DEATH	01701
death,	1.	PLACE OF DEATH a. COUNTY a. STATE b. COUNTY A. COUNTY A. STATE	lesidence before admission)
after the f		Hone Hrundel MARYLAND Maryland An	ne Arundo
hours a d in by rs. Page		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest jown) C. LENGTH OF STAY IN 11. C. CITY OR TOWN (If outside corporate limits, write RURAL And give nearest jown) Sevena Park	and give nearest town)
7 550		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
in 24 ly fille n pape Ithin 7	3.	NAME OF FIRST MIDDLE Last, 11 4 DATE Month.	YES NO
executed within 24 and completely fille remove carbon pape any event, within 77	3.	NAME OF DECEASED (Type or print) Tames L Middle Mother Death Feb	16 Th 1966
com ove y eve	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	102		ITIZEN OF WHAT
as as as	due	unwly, Ene Balts Landella. Richalla.	OUNTRY?
nding physics removal, a	13.	FATHER'S NAME 14. MOTHER'S MAYDEN NAME	2
h certifica tending ph nit. Then or remova	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	a,
	(Ye	s, no, or unknown) (If yes give war or dates of service) 212053944 Rospital Records,	
at the deal ian. d by the at ransit per cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
ohysician. signed by urial-transi		IMMEDIATE CAUSE (a) ALCALY Particle.	
phys phys sign buria buria		Conditions, If any, which) (b) Bepticemia.	
requires the iding physic been signed the burial-to to burial, or to burial,		gave rise to immediate cause (a), stating the underlying cause last. DUE TO Preument a.	
law relatendir	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
V: The lad or at ificate h for use Health	FICAT		YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)	-)
PHYSICIAL the hospithis cert detached e Dept. of	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	unty) (State)
NG by fter be state	MED	p.m. 19 at work at work	
L OR ATTENDING by be retained by DIRECTOR: Afte age 3 should be filed with the Sta		21. I certify that (I) (this hospital) attended the deceased from 12th Jan, 1966, to 16th feb, 1966 saw the deceased alive on 16th feb 1966 and that death occurred at 3:200M, from the causes and on the same of the causes and on the causes are considered.	
mw >		22a. SIGNATURE/ 22b. [DATE SIGNED
		220. PHYSICIAN'S 220. ADDRESS 220.	2/16/66.
FO HOSPITAL Page 4 may CO FUNERAL director, pa should be fill		NAME (Type) HIVIN Thompson. Crownsville State	le Hosp.
Page 4	232	BOBIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or company)	unty) (State)
77.40	24		'S SIGNATURE
VR AI5 (4) 20M 1/65	1	Polent S. Bananco, Severna Vail, Med STEB 21 1956 Johnste	Judge .
			1/

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH RECORDS. CERTIFICATE OF DEATH

100	· · · · · · · · · · · · · · · · · · ·					
1	1. PLACE OF DEATH a. COUNTY					tution: Residence before admission)
	Anne Ar	undel	MARYLAND	a. STATE Marylan	b. COUNT	ne Arundel
1	b. CITY DR TDWN (If ou	tside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	le corporate limits, write	e RURAL and give nearest town)
1	write RURAL and giv		1 day		er (Rural)	A CONTRACTOR OF THE CONTRACTOR
-	Annapol		4		er (Nural)	
			nospital, give street address)	d. STREET ADORESS		e. IS RESIDENCE ON A FARM?
3			cal Hospital	Route 1		YES NO NO
П	3. NAME OF DECEASED	First	Middle Ly MOYER		DATE Month	Day Year
-	(Type or print) 5. SEX 1 6. COL	Lula Sal			DEATH Februar	
1			SCHWICKER MARKIEG	8. OATE OF BIRTH	9. AGE (In years III	FUNDER 1 YEAR FUNDER 24 HRS. Nonths Oays Hours Min.
	female cau			Aug. 6, 1900	710.	
1	10a. USUAL OCCUPATION (Giv during most of working life,	e kind of work done 10b. i even if retired)	KIND OF BUSINESS DR INOUSTRY	11. BIRTHPLACE (County &	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife		wn Home	Pennsylvania	a	U.S.A.
	13. FATHER'S NAME			14. MOTHER'S MAIOEN NA	ME	
1	Charles	Ryland		Ada P. Wi	1	
	15. WAS DECEASED EVER IN	U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	(Yes, no, or unkown) (If yes gi	ive war or dates of service)				
-	no			. Walter R. Mc	over.Sr. (h	usband)SameAs#2
		Enter only one cause per				ONSET AND DEATH
	PART I. OEATH WA	S CAUSED BY: Per:	icardial tam	ponade		4 hours
1	4201	OUE TO				
	Conditions, If any, wh		tured left v	entricle and	napillary	v muscle
П	gave rise to immedi	ate	Carca rere	CIICL LOLC WIN	papaaaa	7
	cause (a), stating	the DUE TO	te myocardia	l infarction	2014	4 days
	underlying cause last. PART II. OTHER SIGNIFIC			ATED TO THE TERMINAL OISEAS		
	FARTH. OTHER SIGNIFIC					PERFORMED?
	coronary a			tes mellitus		YES TO NO
	Coronary a 20a. ACCIOENT WAS UN OR CONTRIBUTING CONTRIBUTION CONTRIBU	DERLYING 20b. AUSE OF DEATH	OESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of Injury	In Part I or Part II of	Item 18.)
- 1						
	20c. TIME OF INJURY	, ,,	facto	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	20c. TIME OF INJURY Hour a.m. p.m.	19 While	Not while —	ay an earl outcoming of eres)		
1				ebruary 519 66	toFeb 5.	, 19 66, that (I) (we) last
						nd on the date stated above.
	22a. SUNATURE	0 16	und the	COULT VOUDTIVE VERTICAL		22b. DATE SIGNEO
	(ha	laliN:	M.	ATTENOING MEO.	TOR STAFF I	February 6.1966
	22c. PHYSICIAN'S	- your	<u>M.</u> (22d. AODRESS SQUE		
	NAME (Type)	harles W.	Kinzer, M. D	Edge	water. Mai	edical Center ryland 21037
	23a. BURIAL, CREMATION,		23c. NAME OF CEMETER		d. LOCATION (City, tow	
	REMOVAL (Specify)					
	24. FUNERAL DIRECTOR	Feb. 9/1966	Woodlawn Ce		woodlawn, M REGISTRAR 25b. REG	STY LAND
1	24. FUNERAL DIRECTUR	SIN	IGLETUNES UNERA	L HUMB	REGISTRAN 200. REG	INDIAN S SIGNATURE
2	R.V. Singlet	on G	len Burnie, M	d. TDATE B8	1958 PC	inela Jusa
13					V	100

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. S. I. d. Fab. William Landing Land DOUBLES, MARKET

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01753

01703

_	02.00							
	LACE OF DEATH COUNTY AND Ar	undel.	MARYLA	O SMATE	SIDENICE (Where dece	ased lived. If institute b. COUNT	In: Residence of	runder.
ь	RURAL and give nearest town	orporate limits, write)	c. LENGTH OF STAY IN	. //	RITOWN Uf outside co	erporate limits, write	EURAL ond give	nearest town)
d	NAME OF HOSPITAL (IF not	in hospitot, give reet	1 00/12	d. STREET	IL BOX	156,		e. ts residence on a farm? Yes No
E	NAME OF DECEASED Type or print)	le 6 First	Martin	murk	A DAT OF DEA	V- 6.	ary "	7 Year 66
5. S	//).	V . WIDOWE		Jept.	1 , 1876	9. AGE (In years low birthdoy) yrs	Months Day	EAR IF UNDER 24 HRS. ys Hours Min.
	USUAL OCCUPATION (Give k during most of working life, ex	ind of work done to the ven if retired)	eneral Far	h.	IPLAÉ (State or foreig	1	12. CITIZEN	OF WHAT COUNTRY?
13. 1	FATHER'S NAME / AAA	MURR	AY	14. MOTHE	A - V			
	WAS DECEASED EVER IN U. S.	ARMED FORCES? var or dates of service)	None	Frances	Murray (Wife) The	I Box,	156 Annipa
	18. CAUSE OF DEATH [Enter	\A]	ne for (a), f(b), and (c).]	and	Inaniti	٨٥		NTERVAL BETWEEN ONSET AND DEATH
	4221 Canditions, if any, which	DUE TO	ere bral-	Thromb	03/5			16 year
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>	DUE TO A	teriosclero	tie Car	disvascu	lar Disc	ase.	
CATION	PART II. OTHER SIGNII	-DITUS	CCCS.	BUT NOT RELATED	TO THE TERMINAL DIS	EASE CONDITION G	VEN IN PART 1(c	PERFORMED?
CERTIFI	20a. ACCIDENT WAS UNDERLOR CONTRIBUTING ☐ CAUSE (IF EITHER, NOTIFY MEDICAL	YING TO 20b. DESC OF DEATH EXAMINER)	CRIBE HOW INJURY OCC	URRED. (Enter noture	a of injury in Part I ar	Part II of item 1B.)		
MEDICAL	20c. TIME OF INJURY Month, Hour a. m. p. m.∮	Doy, Year 20d. It While of work	Nat while	e. PLACE OF INJUR factory, street, af	Y (Hame, farm, 20f. (fice bldg., etc.)	(City or tawn)	(Caun	nty) (State)
	21. I certify that (I) (this saw the degeased alife	s haspital) attend	11		1957 red a 350 M, fro	a RD 7		that (I) (we) last
	220 SIGNATURE, C	Frank	Alph.	M.D. ATTEND		STAFF	io dii iio de	224. DATE 2/4/196
	22c. PHYSICIAN'S NAME (Type)	et MeHer	ry Mapp,	11.). 22d. ADI	Dean (Freet 1	Annaps	lis Md
230	BURIAL, CREMATION, 23b. C	DATE THEREOF	Broad NO	RY OR CREMATORY	t. Churc	CATION (City, town,	or county)	M (Store)
24.	FUNERAL DIRECTOR'S SIGNAT	14 dn	ADDRESS	-md	250. REC'D BY REC	GISTRAR 25b. REG	ISTRAR'S SIGNA	ATURE Judge

may be revained. We haspital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ofter deoth. Poge 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

TO HOSPITAL OR VR A15 (4) 1SM 9/59

Calebration Walker Market Comment of the December of the Decem Farmer Mary 1 am Warring Tenner Water Welker Mach co ... Rose France Albert (Los) All Error Longon mortine that in the Landington 2 Rudmant | Tenders) Heleno school in Continuoscalar Historia Lunes the Harry Mayor All 20 Dean street Anis 1=12 11/2 BURGAL TO 10 06 THE ELECTRAPH CHICAR - A RECEIVER the same that the same that we will be the

	DIVISION OF STAT		YLAND STATE DI		HEALTH STREET, BALTIMORI	E 1. MARYLAND
	01754		CERTIFICAT			01704
1.	PLACE OF DEATH a. COUNTY HUNE	PRUNDE	MARYLAND	a. STATE MI	b. COUNTY	HIH.
	b. CTY OR TOWN (If outside c	orporate limits, est town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If or	rtside corporate limits, write	RURAL and give nearest town)
10	d. NAME OF HOSPITAL OR INST	EORGE S	ospital, give street address	d. STREET ADDRESS	E GEORGE S	6. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) MAK	ey Mas	Middle	NELSON	4. OATE Month OF Q	Day Year
5.	F 6. COLOR OR	WIDOWEO	☐ NEVER MARRIED ☐ DIVORCED ☐	8. DATE OF BIRTH SEPT 13 18	76 Slass birthday) M yrs.	Onths Days Hours Min.
dur	USUAL OCCUPATION (Give kind of ling most of working life, even life, even life)	of work done 10b. K	IND OF BUSINESS OR NOUSTRY	StaffORD	Court How Va.	12. CITIZEN OF WHAT COUNTRY?
13.	JOHN H	ANES		14. MOTHER'S MAIOE		
15. (Ye	WAS DECEASED EVER IN U.S. AR s, no, or unknown) (If yes give war o	MED FORCES? 16. r dates of service)	SOCIAL SECURITY NO.	MAN S. NELSO	6335 315	
	PART I. DEATH WAS CAU IMMEDIATE Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.	SED BY: (PA	ine for (a), (b), and (c). I reinomatos arlinoma	Breast.	galized	Underson
CERTIFICATION	PART II. OTHER SIGNIFICANT CO	ING [7] 20b.			SEASE CONDITION GIVEN IN PA	YES NO NO
MEDICAL CER	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJURY Month Hour a.m. p.m.		Not While fac	LACE OF INJURY (Home, far story, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
	21. I certify that (I) (the saw the deceased alive 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	10 97	1965, and the	at death occurred at ATTENDING		nd on the date stated above. 22b. DATE SIGNED 2 - 3 - 6 6 Commapolis Mbl.
238	BURIAL CREMATION, 23b. PEMOVAL (Specify) EVIA TION FUNERAL DIRECTOR	OATE THEREOF	23c. NAME OF CEMETE ADDRESS	RY OR CREMATORY 25a. REC' DATE B		on or county) G HD SISTRAR'S SIGNATURE FULLY SIGNATURE

VR A15 (4) 15M 4-64

01744 HINE HEUNDEL MD. A.A. HUMAPOLIS HEWAPOLI'S 195 PRILIDE GEORGE ST. 195 PRIVE GEORGE ST. NELSON Q MARCY MADORIEUE SEPT 13 1876 89 Shifteen Court Her Va. U.S.A HOME HOUSEWIFE JOHN HANES Alson S. Melson (335 315/51) With D.C. CREMATION 2-5-66 Pt. LINCOLN Lin M. Loplag Low Cumopoles Md.

	SEARCH AND RECORDS	PARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	D
01755	CERTIFICATI	E OF DEATH ()17)	0.5
PLACE OF DEATH A. COUNTY PANCE ARLINGE	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a. STATE) b. COUNTY D. H. T. T. C. F.	re adm
b. CITY OR TOWN (if outside corporate limits	A LENCTH OF STAV IN 15	a CITY OR TOWN (If outside corporate limits write DIDA) and give no	araci

	JEKTII JOATI	L OI DEATH				W.)
1. PLACE OF DEATH. b. COUNTY		2. USUAL RESIDENCE a. STATE//	E (Where deceased	lived, If institution:	Residence bet	fore admission
HINE HRUNDEL	MARYLAND	1ºld	,	DAIT	11776	4E
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate	limits, write RURA	and give n	iearest town
Honopolis /	amo	DROOKLY	7		02.	- /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital	, give street address)	d. STREET ADDRESS	. 1	. 391		S RESIDENCE ON A FARM?
Cinnapolis Nursing Hon	ne 1	415110	BIS HU	e	YES	
3. NAME DF DECEASED (Type or print)	Middle	Last	4. DATÉ DF	Month	Day	Year /
5 OFY 1 C 00100 00 000 1	EVED MADDIED []	DOVASH B. DATE OF BIRTH	DEATH	(In years / IF UNDER	1 YEAR HEL	19 (- C
6. COLOR OR RACE 7. MARRIED NI	DIVORCED DIVORCED	1/10/1879	9 77	Months yrs.		lours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired) INDUST	BUSINESS OR RY	11. BIRTHPLACE (Co	unty & State, or for		OUNTRY 2	WHAT
Shippard Worker	Enthto: Tie	Dussia		6	15/7	
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	11		
Dustin Novash		Fleno	1 Sh1	KO		
(Yes, no, or unkown) (If yes give war or dates of service)	T AULT	INFORMANT		Address +15 DORIS	AVE	
NO 1216-0		ASTASIA N		BROOKLYN .	MD.	
18. CAUSE DF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY:			4			AL BETWEEN AND DEATH
IMMEDIATE CAUSE (a)	MONARY	EDER	of.		61	TOURS
Cenditions, If any, which	Prosel F	PITY HO	CAPT	715	3	Ir ex
gave rise to Immediate	40000 EK	101/0/1101	11121	1131	1	11/12
cause (a), stating the DUE TO underlying cause last.					1-97	
	O DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITIO	N GIVEN IN PART 1(a)	119. W	AS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBU	TANS				YES	ERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRI		RRED. (Enter nature of	Injury In Part I o	r Part II of Item 18	(.)	
영 OR CONTRIBUTING 다 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a.m. p.m. 19 at work a wo	factor	CE OF INJURY (Home, fary, street, office bldg., et		or town) (Co	unty)	(State)
Hour a.m. While No at work at work	ot While	ry, act eet, onice bing., et		,		
21. I certify that (I) (this hospital) attended the	deceased from	1/2 , 19	66, to 2	119 , 196	-62that	(I) (we) las
saw the deceased alive on 3/19	1966, and that	death occurred at	DEM. from th			
22a SIGNATURE	1-	ATTENDING -	MED. SI	22b. [ATE SIGNE	,D
22c, PHYSICIAN'S	M.D.	. PHYS. C		iys.	9/6	0
NAME (Type)		ZZG. AUDINESS			-	
23a. BURIAL CREMATION 23b. DATE THEREOF 1 23c.	NAME OF CEMETERY	OR CREMATORY	I 23d. LOCATIO	N (City, town or co	unty)	(State)

22-66

CEDAR

REMOVAL (Specify)
BURIAL
FUNERAL DIRECTOR

WM. FIALKOWSKI

BALTO

OR CKEITH...

CEMETERY | ANNE | 1 25a. REC'D BY REGISTRAR ARUNDEL CO. MI STRAR | 25b. REGISTRAR'S SIGNATURE 2007 EASTERN AVE. MD. 21231 ATEB

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1					O = Ittill IO/ti	- OI DEMI	• •		\$ f a	T (A ()	
		CE DF DEATH	Anne Aru	ndel	MARYLANO	2. USUAL RESIDEN	NCE (Where dec	eased lived, If inst b. COUN	itution: Reside	ence before admis	sion)
		write RURAL	N (if outside corpora and give nearest tow apolis	n)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (own)
T	d. l	NAME OF HOS	PITAL OR INSTITUTION	ON (if not In I	hospital, give street address)	d. STREET AOORESS	S			e. IS RESIDE	
3			del General	-			edale S				NI ?
	DEC	ME DF CEASED pe or print)	Mari	rst .e	Middle Elizabeth	ORME	4. DATE DF DEATH	Februa		3 19 66	Ś
	5. SEX	(6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO	8. OATE OF BIRTH	9.	AGE (In years	FUNDER 1 YE		
	Fem		White	WIOOWED		Aug. 11, 18		last birthday) 82 yrs.			Min.
1	during r	most of work	ION (Give kind of working life, even If retire	done 10b. i	KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (11111	or foreign country) ylvania	COUNT	EN OF WHAT TRY?	
H	13 FA	THER'S NAM	18		MOME	I 14. MOTHER'S MAI		yrvania	1		
	20. 17.	THE S NAME	UNK			14. MOTHER 3 MAI	UNK				
			EVER IN U.S. ARMED FO (If yes give war or dates o		. SOCIAL SECURITY NO. 17.	INFORMANT	AREL	Address:	2_	349	
ı	18.	CAUSE DF	DEATH [Enter only on	e cause per	line for (a), (b), and (c).]		THE LAN			NTERVAL BETWI	
١			ATH WAS CAUSED BY	. 1	FORPA	THEAM	245 65		0	INSET AND DEA	TH
		332	IMMEDIATE CAUSE			1 1/2 000/4	100/3			1 LANG	-
	Cor	nditions, If	OUE								
١		rise to	Immediate /	(b)							
1		use (a), st		т0							
		derlying caus		(c)	UTING TO DEATH BUT NOT REL	TEO TO THE TERMINAL	DISTASE COM	DITION CIVEN IN S	DART 1(a) 1	19. WAS AUTO	PSV
	ICATIO	KI II. OINEKS	IGHT ICAN CONDITT	JNS GONTKIB	OTTING TO DEATH BUT NOT KED	CIEU IO THE TERMINAL	. DISEASE CON	JITTON GIVEN IN F	ARTI(a)	PERFORME	
	CERTIFICATION OR OR (IF	a. ACCIDENT CONTRIBUTI EITHER, NOT	WAS UNDERLYING DANG DEADLE CAUSE OF DEADLE CAUSE OF DEADLE CALEXAMI	TH NER)	OESCRIBE HOW INJURY OCCU	JRREO. (Enter nature	of Injury in Pa	rt I or Part II of	Item 18.)		
	MEDICAL 200	Hour a.n		Year 2Dd. While	Not While facto	CE OF INJURY (Home, iry, street, office bldg.,		City or town)	(County)	(Stat	e)
		21. I certif	y that (I) this bes	ital) attend	ded the deceased from A	/		Feb. 3			
1	220	saw the dec a. Signatul	ceased alive on	Feb. 3	19 66 , and tha	t death occurred at		m the causes a	and on the d		ove.
1	220	a. storato	111106	1.47	Desto M.	ATTENOING	MED. OIRECTOR	STAFF D	2/3/	166	
	220		WS CONTRACTOR	Beck		22d. AODRESS	OIKEOTOK L	11113.	1	00	
		NAME (T)	pe) Edward S			73 Frank	lin St.	Annapo	lis, Mo	d	
		URIAL, CREM		THEREOF	23c. NAME OF CEMETER	OR CREMATORY	23d, L0	CATION (City, to	wn or county) (State)
	136	IRIAL UNERAL DIRE	- 2-5-6	06	ADORESS	IEN 1 25a. R	EC'D BY REGIS	N BUR	GISTRAR'S SI	CNATURE	2 -
1	20	na I	to + land	P	ADUKESS NAM	/ Z5a. K	7 196	none of	enles de	udge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

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and the same	5454 Bn		17 110		100

21	18	Division of STATISTICAL RESEARCH AND RECORDS.	EPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
FOR STATE		01757 MEDICAL EXAMINER'S		01707
HEALTH DEPT,		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	esidence before edmission)
essary. r. Page files. Health		ANNE ARUNDEL MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	a. STATE Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and	NEARUNDEL
of it of		write/RURAL end give neerest town)	En	give neerest town;
direction yeard		HNNA POLES d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	d. STREET(ADDRESS	l e. IS RESIDENCE
2 ± 5 0			MILL SWAMP RD,	ON A FARM?
funer fained State ath.	3.	Route 50	Muddy Greak Rd. Lest 4. DATE Month	Dey Yeer
The sar		Type or printing.	or DEATH February	5 1966
1 2 3 th.			. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1)	12
deal and 3 and 3 and 3		male white widowed Divorced V	UNF 28 1942 23 yrs. Months D	Deys Hours Min.
22, and 3. ho	1De	. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	4000	ZEN OF WHAT COUNTRY?
ss 1,	do	PLUMBER CONSTRUCTION	ADDAROLIS MD.	V.S.A
24 hour Page M3. I pages withir	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, , ,
Pw Pw		ODELL - LAVSEUR	BERTHA H. HENDRIG	2K5
ilhi Girina Venini	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, 1	NFORMANT Address	
W the factor of	(14	was deceased ever in u.s. armed forces? 16. Social security no. 17 is, no, or unkown) (Ifyesgiveweror detesofservice) 219 38 7437 A)	UN L. PAYSEUR #	2
cute g wi		1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
along fransit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Multiple trauma	tic injuries	ONSET AND DEATH
o o o	-	8124 DUE TO		
should to a should to a should to a should to a burial removal,		Conditions, if eny, which (b)		
5 0 v a 6		geve rise to immediate cause DUE TO		
icate andin niner od as		cause lest. (c)		
This certifica word "pen dical Examinud be used cremation, o	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
0 2 4 6	3	Acute alcoholism		YES X NO
. 0 0 0 .	CERTIFICATION	PRIMARY N or CONTRIBUTING	Enter neture of injury in Pert I or Pert II of item 18.)	
ting the sief Maintage of States of	-	CAUSE OF DEATH. Pedestrian struc		
Alum writing e Chie Page r to bu	MEDICAL	Hour e.m. While Not While fect	CE OF INJURY (Home, ferm, 2 Df. (City or town) (Coun	
	WE	1:30 xxx 2-5-66 et work et work x	road Route 50 Anne Aru	
		21. I certify that I took charge of the remains described above, he		and in my opinion
Certification of the second of		death resulted from: Natural causes , Accident X Suici		
9 2 3 1		ACTUAL MINISTER	CHIEF MEDICAL EXAMINER	
Tor for ater		SIGNATURE JUMENT	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
DEPUTY Mass execute It should be forver FUNERAL Dits designated		Rudiger Breitenecker, M.D.	DEPUTY MEDICAL EXAMINER 2-	-5-66
DEP sase established should	226	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEME ERY OR		(Slete)
0 240 9	1	BURIAL (Specify) 2-8-1966 HILLCREST	MEM. CEM. ANNAPOLIS	MD.
VS. A15ME	23	FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	SNATURE
5M 7/59	V	OHN M. TAYLOR. SON3 ANNAPOLIS	MD State B 10 1966 Charles	Judge
(4)	-			

SHAZYAL A SOUTH TEST SELECTION

Feb. 22, 1966

George J. Gonce - 4001 Ritchie Hgwy.-Baltimore DAFE

Meadowridge Mem.

ADDRESS

Park

IS RESIDENCE ON A FARM?

NO X

1966

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED'

and in my apinion

22. DATE SIGNED

Baltimore, Maryland

(Stote)

VR A15ME (5) 6M 1/66

24. FUNERAL DIRECTOR

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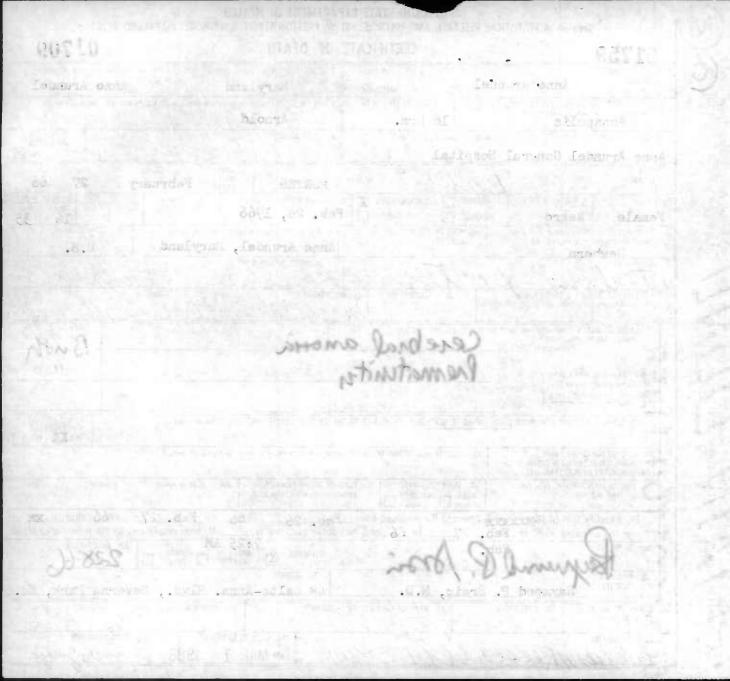
ond completely filled in by the funeral remove corbon popers. Poges I and nony event, within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth.

	MARICAND STATE DEPARTMENT OF HEALTH	
Division of STATI	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MA	ARYLAND 21201
1	CERTIFICATE OF DEATH	01700

11133	,			0.7109
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W	Where deceosed lived, if institution: Resid b. COUNTY An	ence befare admission) ne Arundel
b. CITY OR TOWN (If autside corparote limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	tside carporate limits, write RURAL ond g	give nearest tawn)
write RURAL and give nearest town) Annapolis	16 hrs.	Arnol	Ld	02-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Anne Arundel General Hospi	tal	R12-B0	of 467	YES NO
3. NAME OF PIRST PRINT P	Middle	PORTER	4. DATE Month OF February	27 1966
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	1	ER 1 YEAR IF UNDER 24 HRS.
Female Negro WIDOWED	DIVORCED	Feb. 26, 196	Yrs. Months	Doys Hours Min.
during most of working life, even if retired)	CIND OF BUSINESS OR NDUSTRY	, ,	8 Stote, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Newborn 13. FATHER'S NAME	-4-	14. MOTHER'S MAIDEN N	-	0
Sterling POI	ler	Rosell	MITIA	ylow
16. WAS DECEASED EVER IN U.S. AMMED FORCES? (Yes, no, or unknown) ((If yes give wor ar dotes of service)	SOCIAL SECURITY NO.	INFORMANT Puy Col	bertRizBot46	annath
18. CAUSE OF DEATH (Enter only one cause per line for	r (o), (b), opd (c).)	J .		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ere bray o	MOHA		Buch
1623 DUE TO	Dan Strit			11
Canditions, if any, which gave (b)	MWalmit	1		
stating the underlying cause DUE TO				
last. (c)	TO DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE CON	IDITION CIVEN IN DADY 1/a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in I	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19 of two	e Nat While fac	CE OF INJURY (Home, form tory, street, office bldg., etc.)		County) (Stote)
21. I certify that (I) (Richards) after saw the decased alive an Feb. 2:		it death accurred at	9 <u>66</u> , ta <u>Feb. 27</u> , 19 M, fram causes and an	9 <u>66</u> , that (I) (300) la
22a. SIGNAL RE	Ans M	ATTENDING ACT	MED. STAFF DIRECTOR PHYS. 22b.	DATE SIGNED
22c. PHYSICAN'S NAME (Type)	, V D	22d. ADDRESS	A Dl3 C	Danie Wi
naymond P. Srs.			Anna. Blvd., Seven	
230. BURIAL, CREMATION, 23b. DATE THEREOF 3-2-1966		sery	23d tOCATION (City or Town)	(County) (Stote)
24. FUNERAL DIRECTOR	ADDRESS	11111	BY REGISTRAR 2Sb. REGISTRAR'S	
MILLLIGANKEESETTE	11/1/1/18	DATE MA	AR 1 1986 KCLIG	nles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician director, page 3 should be detached for use as the buriol-transit permit. Then please should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and Poge 4 may be retoined by the hospital or ottending physician. VR A15 (4) 20 M 1 660



death.	MARYLAND STATE DEPART DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 CERTIFICATE OF	MENT OF HEALTH w. preston street, baltimore 1, maryland F DEATH 0171()
he funeral s 1 and 2 trer death,		SUAL RESIDENCE (Where deceased lived, If institution: Residence before admission. STATE Maryland b. COUNTY
led in by there. Page 72 hours a	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. ST	TY OR TOWN (If outside corporate limits, write RURAL and give nearest town laltimore 30 - 4 REET ADDRESS 5 Patterson Park 9 No X
within	3. NAME OF DECEASED #31235 William Powel	Last 4. DATE Month Oay Year 1 2 16 19 66
cian and contact and in any even	Male Negro WIDOWED DIVORCEO 5/8/ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. Eduring most of working life, even if retired)	BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
physi physi ple al, al	dikiowii	MOTHER'S MAIDEN NAME Laura Powell MANT Address
death he atter permit tion, or	(Yes, no, or unkown) (If yes give war or dates of service)	ital Records INTERVAL BETWEE
physici physici signed burial-t burial,	PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, If any, which gave rise to immediate cause (a), stating the cause (b), stating the cause (b), stating the cause (b), stating the cause (c), stating the cause (etes Mellitus
The law or atten or atten tase has asth pride	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO Chronic Alcoholism	
NG PHYSICIAN: by the hospital fler this certific be detached for State Dept. of H	20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED 20e. PLACE OF	INJURY(Home, farm, et.) 20f. (City or town) (County) (State) Crownsville, Maryland
AL OR ATTENDI ay be retained L DIRECTOR: A page 3 should filed with the	22a. SIGNATURE	n occurred a 5:30 M, from the causes and on the date stated above 22b. OATE SIGNED 22h. OATE SIGNED 2/17/66
TO HOSPITA Page 4 m Page 4 m TO FUNERA director, should be	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMOVAL (Specify) 12121 66 Mh Aliburn 24. PUNERAL DIRECTOR ADDRESS WILLIAM ELLEBRON 1/29 M. Chiller S.	REMATORY 23d. LOCATION (City, town or county) (State) CIMC (LITECUT Mel.) 25a. REC'O BY REGISTRAR 25b. BEETSTRAR'S SIGNATURE OATE

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THE RESIDENCE

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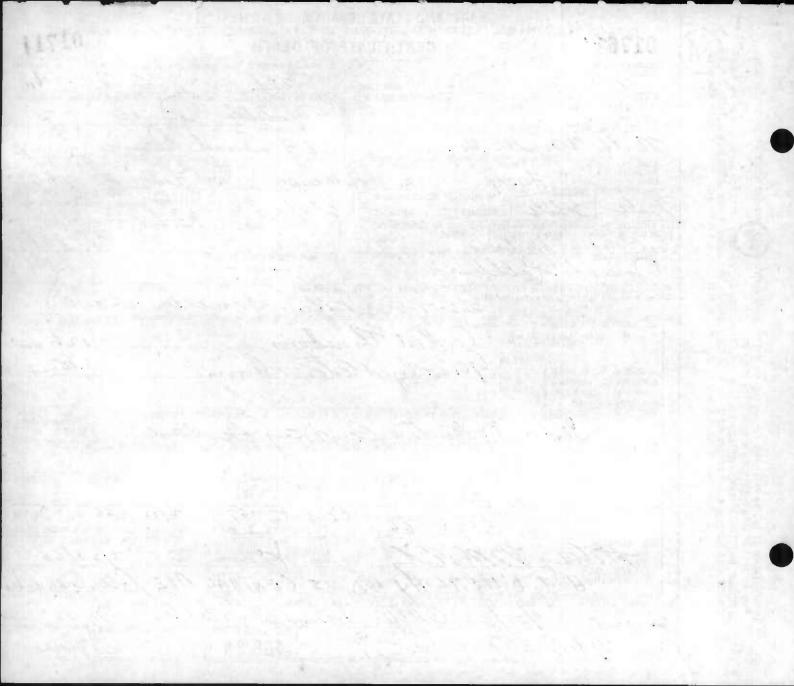
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peats. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M I/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O1761
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. CDUNIX	a. STATE b. COUNTY
MARYLAND	Md. d. t. o.
b. CITY DR TDWN (if outside corporate limits, c. LENGTH DF STAY IN 1b	c. CITY DR TOWN (If outside corporate Hmits, write RURAL and give nearest town)
write RURAL and give nearest town)	an 110, (2)
	Middle Jule 03-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS 6. IS RESIDENCE
Whith arundle Hosp	34 A Seach Asset DN A FARM?
100000	34 H Seach Prive YES NO
3. NAME DF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) Harry L. Ro	though DEATH Feb, 23 1966
E OFY COLOR OF SACE I	
6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Male Sthite WIDOWED DIVORCED	6/3/02 63 yrs. Months bays hours min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired INDUSTRY	COUNTRY?
Tool Maker - Martin Co,	Sa. H.S.U.
13. EATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Kathlurn	
100000000000000000000000000000000000000	
15/WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. (Yes, no, or unkown) ((If yes give war or dates of service)	INFORMANT Address
4, 5, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	tile (Same as about)
	ye - de la constant
18. CAUSE DF DEATH [Enter only one cause per line for (a) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
222 MMEDIATE CAUSE (a) CONCUSTACE (M)	War Ung
DUE TO SAN	27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Conditions, If any, which) (b) The Coloned Co	ollie relling
gave rise to immediate	
cause (a), stating the DUE TD	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIB	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
18 10 De Dota of in 12	PERFORMED! YES NO NO
E SUNC OUNCLOSE CE	Nacon Car
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	PRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While — Not While —	ry, street, office bldg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While At work at work at work	
	6 1 1 t 1065 1 7 /22 1066 11 11 11 11 11 11
21. I certify that (I) (this hospital) attended the deceased from	Cufut, 1965, to 2/23, 1966, that (1) (we) last
saw the deceased alive on 2/23 1966, and that	t death occurred at 3 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Tillay Marth M	ATTENOING MED. STAFF 7 3/66
	D. PHYS. DIRECTOR PHYS. 1
22c. PHYSICIAN'S NAME (Type)// The Head of the Park of	- 0 ///- / /- /
NAME (Type) 4. 7. 0 HERCIHY MA)	5 CENTRAL MIE, CLENDARNIE MY
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS	COR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (SpecIfy)	L. 1 B.10. Ond.
Durial 9/20/66 128 cur	Vermonst 1 see us - 1/16 M
24. FUNERAL DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Your elles Sono 300 Macelles (Jaro.	DATE B 28 1966 Coules Judge
21	I DAIR D & O [300]



MARYLAND STATE DEPARTMENT OF DEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 762

	PLACE OF DEATH a. COUNTY ANNE ARUNDEL	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. CDUNTY					
1-	b. CITY OR TOWN (If outside corporate limits	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	CYLAND outside corpor			GEORGES ve nearest town)
F	write RURAL end give nearest town)	2 MONTHS		IREL.		13	-2.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE
	IMBROUGH ARMY HOSPITAL		20 TERES	A LANE			ON A FARM? YES ND ND
3.	NAME OF First DECEASED (Type or print) RALPH	(NONE)	RHUDY RHUDY	4. DATE OF DEATH	Month FEBRUARY	Day	Year 19 66
5.	SEX 6. CDLDR DR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		GE (In years IF UI	NDER 1 YEAR	Hours Min.
M	ALE CAU WIDDWED	DIVDRCED	26 JULY 190)3	62 yrs.	uis Days	Hours Will.
10a dur	ing most of working life, even if retired)	IND OF BUSINESS DR NDUSTRY	11. BIRTHPLACE (C			CDUNTRY	DF WHAT
	-S.Air Force USA	F COL Ret'd	Independe		rginia	USA	
			A				
	ohn Hicks Rhudy WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITYND. 17.	Hattie M.	rulton	Address		
(Ye	s, no, or unkown) (If yes give war or dates of service)			7 7 0		Laur	el, Md
		70 10/2	s. Marie D.H	muay 2	0 Theresa		
	18. CAUSE OF DEATH [Enter only one cause per in					ONS	RVAL BETWEEN SET AND DEATH
	PART I. DEATH WAS CAUSED BY: LEUK	PALLA					
	Conditions, If any, which	E MONOCYTIC LET	IKEMTA			10	Months
	gave rise to immediate		V-1				
	cause (a), stating the DUE TO underlying cause last.						
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDE	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDIT	TIDN GIVEN IN PART	T1(a) 19.	
-ICAT	CARCINOMA OF PROSTATE						PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. I OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY DCCL	JRRED. (Enter nature o	f Injury In Part	1 or Part II of Ite	m 18.)	
MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. I Hour a.m. While at work	Not While facto	CE DF INJURY (Home, fary, street, office bldg., e		ty or town)	(County)	(State)
-	21. I certify that (this hospital) attend	ed the deceased from 16	Dec 1	g 65, to 1	5 Feb	19 66, tl	hat NO (we) last
	saw the deceased alive on 15 Feb	<u>1966</u> , and that	death occurred at	45 M, from	the causes and		
	22a. SIGNATURE	7		MED.	STAFE	b. DATE SI	
	walk telo	or M.C	PHYS.	DIRECTOR	PHYS.	15 FEE	3 66
	22c. PHYSICIAN'S NAME (Type)ROALD NELSON, MA.	JOR,MC	22d. ADDRESS KIMBROUGH	I ARMY H	osp,fr ge	O G ME	EADE, MD
23a	BURIAL, CREMATION, 23b. DATE THEREOF REMDVAL (Specify)	23c. NAME DE CEMETER		23d. LDC/	TIDN (City, town	or county)	(State)
	Burial 2-18-1966	Arlington N	at 1. Cem	Arl	noton RAR 25b. RAGIS	Va.	UA TUDE
24	Joseph Jawler's Sons	ADDRESS	25a, RE		RAK 250. REGIS	1 0	
	Joseph Gawler's Sons	ash. De.	DATE	21 19	001 /	rees fr	udge.

VR A15 (4) 20M 1/65

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TO HOSPITAL CAN EXTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 (c.) be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any worm within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11763	CERTIFICAT	E OF DEATH		01713
1. PLACE OF DEATH o. COUNTY A A	MARYLAND	a. STATE Md	b. COUNTY	AH
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Shady S (d 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in he	c. LENGTH OF STAY IN 1b	d. STREET ADDRESS	If outside corporate limits, write F	RURAL and give neerest town) e. IS RESIDENCE ON A FARM? YES NO
13. FATHER'S NAME Thos. Edw. Atw.	ZED DIVORCED TO THE MENT OF BUSINESS OR INDUSTR	Lost ROGERS LOST DATE OF BIRTH LOST DATE OF	873 93 yrs. ty & Stete, or foreign country) Let ind.	Day Your GRY 20, 1966
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which geve rise to immediate cause (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CO. 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	ulatory failure terioreterotic	heart dus	nal pisease condition given	INTERVAL BETWEEN ONSET AND DEATH ONE WEELL WELL IN IN PART I(e) 19. WAS AUTOPSY PERFORMER? YES NO
	nded the deceased from	death occured at.).	1960 to Feb. 20	(County) (State) , 19, that (I) (we) last not on the date stated above 22b DATE 2/2 CALLED COUNTY
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) F. 13 66 24 FUNERAL DIRECTOR'S SIGNATURE.	23c. NAME OF CEMETERY 2 1 Ke R ADDRESS		23d. LOCATION (City, town LF2 / ESU/// 27 BY REGISTRAR 25b. REGIST	

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C + Labrage but the second Harrier terms Those Education all Condated father to be better for the Colombia back Court december Construct Maries of Land Y Every Howard Howard Caled Catal Car to the Control Latelling to Smooth, All March Land Terriary of the shorter that he wall help EE 24 1976 Free Sept 3

	DIVISION OF	STATISTICAL RESEARCH AND RI	ATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FICATE OF DEATH () 17
1.	PLACE OF DEATH a. COUNTY	Arundel MA	2. USUAL RESIDENCE (Where deceased lived, If Institutions Residence before, a. STATE b. COUNTY b. COUNTY

U1104		CERTIFICAL	L OI DLAII			UTGTX
1. PLACE OF DEATH a. COUNTY	Arundel	MADVIAND	2. USUAL RESIDENCE a. STATE	CE (Where deceased i	b. COUNTY	Residence before admission)
	outside corporate limits, (Ive bearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (III	outside corporate		L and give nearest town)
1	W I I I GOLLY		d. STREET ADDRESS	2/		e. IS RESIDENCE
Kimbrough	Army Ho.	spital	Trailer (Coart		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ARTHUR	Middle	ROSS	4. OATE OF DEATH	Month	0ay Year 1946
Male W	OVOR OR RACE 7. MARRIEO WIDOWED	NEVER MARRIEO DIVORCED	8. DATE OF BIRTH	9. AGE	(In years IFUNOE Months yrs.	R 1 YEAR IF UNOER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Coduring most of working life	e, even if retired)		11. BIRTHPLACE (C	ounty & State, or fore		CITIZEN OF WHAT
13. FATHER'S NAME,	The second	2100 12 1111101	14. MOTHER'S MAIL	DEN NAME		
Columbi	ISN KOSS		Sally	1100	len	
15. WAS OECEASED EVER (Yes, no, or unknown) (If ye	NU.S. ARMED FORCES? 16. Sylve war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address	1
		Y/1	re Kuth 13	urris,1	U. min	9100
PART I, OEATH	WAS CAUSED BY:	ne for (a), (b), and (c).]	Sel On	0000	1:and	ONSET AND DEATH
4201		go an	and Si	yau	priore	
	which) (h) Co	ronary	Accli	isian	1	
	OHE TO	10				
	_ / (0)	Jun	ATEO TO THE TERMINAL	OLOFACE OON DITION	CIVEN IN DADT 1/a) 119. WAS AUTOPSY
DI PARTII. OTHER SIGNI	ICANT CONDITIONS CONTRIBO	TING TO DEATH BUT NOT KE	LATEO TO THE TERMINAL	OISEASE CONDITION	I GIVEN INT ANT 14e	PERFORMEO? YES NO
20a. ACCIOENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNOERLYING 20b. 0 CAUSE OF DEATH MEOICAL EXAMINER)	DESCRIBE HOW INJURY OCC	CURRED. (Enter nature o	f Injury in Part i o	Part II of Item 1	8.)
ZOC. TIME OF INJUR	While	Not While fac			r town) (C	ounty) (State)
			10-20 1	960 to 6	-/4 196	5, that (I) (we) last
	/ / /	1 600		M, from the		
22a. SIGNATURE	Rierar	idrei M	.D. PHYS.	MEO. STORECTOR PE	AFF 7	OATE SIGNED 66
22c. PHYSICIAN'S NAME (Type)			305 Pre	ice Georg	e 1. La	wel, Md
BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREOF	Easy Cu	RY OR CREMATORY /	EZSX)	NACITY, fown or o	country) (state)
	a. COUNTY b. CITY OR TOWN (IF of Write RURAL and good write RURAL and good with the result of the r	a. COUNTY b, CITY OR TOWN (if outside corporate limits) write RURAL and give rearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in how here are an incident of the company of the	MARYLAND b, CITY OR TOWN (if outsider corporate lingles) d: NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address of NAME OF HOSPITAL OR INSTITUTION (if not in hospital) attended the deceased from hospital) attended the deceased from hospital or the not of the not	a. STATE A COUNTY A COUNTY	B. COUNTY (If outside corporate lines) D. CLTY OR TOWN (If outside corporate lines) Will RURAL and give farest town of the worth a RURAL and give farest town of the worth a RURAL and give farest town of the worth a RURAL and give farest town of the worth a RURAL and give farest town of the worth a RURAL and give farest town of the worth and the state of the RURAL and give farest and the worth and the wo	a. COUNTY D. CITY OR TOWN (if outside corporate limits, write RURA Write RURAL and petwodesets town) J. NAME OF HOSPITALE OR INSTITUTION (if not in hospital, give street address) J. NAME OF HOSPITALE OR INSTITUTION (if not in hospital, give street address) J. NAME OF COURT OF THE COUNTY J. NAME OF COURT OF THE COUNTY WILD WILD BEASED C. CITY OR TOWN (if outside corporate limits, write RURA J. NAME OF COUNTY J. NAME OF COUNTY J. NAME OF COUNTY J. NAME OF COUNTY WILD WILD COUNTY WILD WILD DEVER MARRIEO J. NAME OF COUNTY WILD WILD DEVER MARRIEO J. NAME OF DEATH J. OATE Month J. S. SEX J. OATE Month J. OATE J. MARRIEO J. NAME OF DEATH J. OATE MONTHER'S MAIDEN NAME J. NAME OF COUNTY J. S. SEX J. OATE MONTH J. D. AGE (in years IFUNOS J. WILD WILD WILD WILD WILD WILD WILD WILD

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. These rease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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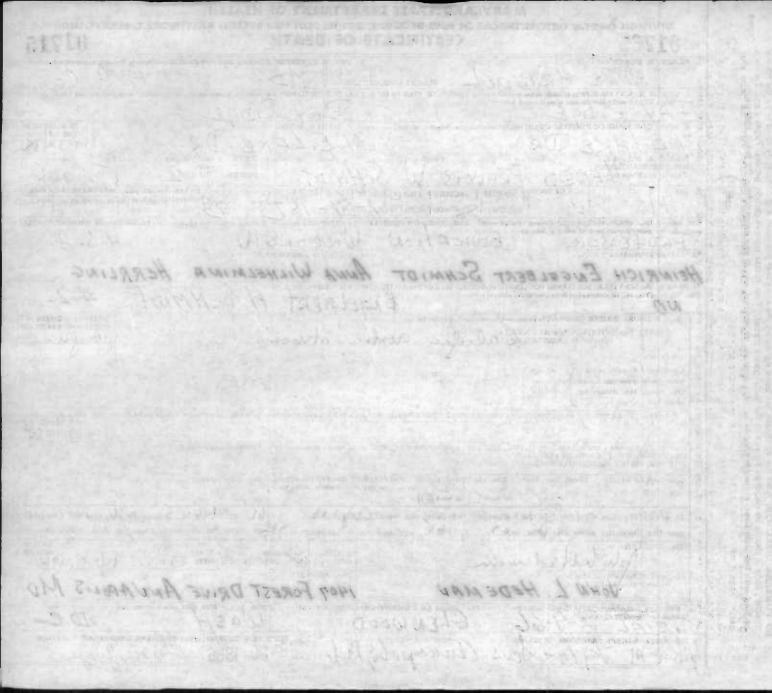
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECO	RDS, 301 W. PRESTON STREET, BALTIMORE 1, A	MARYLAND
01765 CERTIFICA	ATE OF DEATH	01715
1. PLACE OF DEATH . COUNTY FINNE ARUNDEL MARYLAN	2. USUAL RESIDENCE (Where deceased lived, If institutions as STATE b. COUNTY b.	Residence before admission
b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN B. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN		d give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	3/ E. GAKE DR.	ON A FARM?
3. NAME OF DECEASED (Type or print) ALFRED FRAUCIS W.	SCHMIDT 4. DATE Month OF DEATH 2	5 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 1-31-1873 9. AGE (In years IF UNDER last birthday) Months yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) PROFESSOR EDUCATION	DUSTRY 11. BIRTHPLACE (County & State, or toreign country) 12. CIT	4. S. A.
13. FATHER'S NAME HEINRICH ENGGLBERT SCHMIDT	- ANNA WILHELMINA HERI	PLING
15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyesgivewerordelesofservice)	ENGELBERT H. SchMidt	#2
18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ortie studio	ONSET AND DEATH
Conditions, if any, which (b)		9
gave rise to immediate ceuse (e), stating the underlying cause test. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF CONTRIBUTION TO DEATH BUT OF CONTRIB	CURED. (Enter neture of injury in Part I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e While Not While Not While at work at work	e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.)	unty) (State)
21. I certify that (I) (this hospital) attended the deceased fr	7 -30	
220. SIGNATURE	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNE
22c. PHYSICIANS NAME (TYPE) OHN L. HEDE MAN	1407 FOREST DRIVE ANNI	APOLIS MO
REMOVAL (Specify) Q Q //	TERY OR CREMATORY 23d. LOCATION (City, lown or coun	D.C.
John M. Lay To + Sous and Chicyo	ols, Md. FEB 10 1966 feliante	SIGNATURE S Judge
		U

TO HOSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 to be retained by the hospital or attending physician.

IO FUNERAL SARECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 7-62



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VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or ottending physicion.

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ivision	of STATISTIC	CAL RESEARCH	AND RECORDS	301 W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	2120
	Item i	#7 Film	#G374	0 /66 TE	DEAT	u			43

	01766	- och //	CERTIFICATI	E OF DEATH		11716			
1.	PLACE OF DEATH o. COUNTY			o. STATE	Where deceosed lived, if institution: Residence b. COUNTY	e before odmission)			
-	L CITY OR TOWN	Anne Arı				Arundel			
	write RURAL on	If outside corporate limits, d give necrest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write RURAL and give	neorest town)			
	d. NAME OF HOSPI	TAL OR INSTITUTION (If not in	hospital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
_		del General Ho		1206 Wes	st St.,	YES NO NO			
3.	NAME OF DECEASED (Type or print)	Nettie First	Middle Cornelia	SCIBLE	4. DATE Month OF February	Doy Year 14 19 66			
S.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 lost birthdoy) Months				
	emale		/IDOWED DIVDRCED	Oct. 13, 18	391 74 yrs.	Doys Hours Min.			
10d	o. USUAL OCCUPATIOn ring mass of working	N (Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	TAYLORSU	LE Maryland "	IZEN OF WHAT			
13	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	FRAN	H ADAMS		MOLLI	E FORD				
	. WAS DECEASED EV	R IN U.S. ARMED FORCES?		INFORMANT	Address				
L	NO	~	MI	R 150BERT	H. SCIBLE #	2			
	18. CAUSE OF D	EATH (Enter only one couse pe	er line for (o), (b), and (c).)	2 4		INTERVAL BETWEEN ONSET AND DEATH			
H	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) _	Cerebralene	Colesna		11 da-			
	3341	DUE TO							
	Conditions, if ony	te couse (a)							
	stoting the under								
	lost.) (c) _							
ATION	PART II. OTHER S	ignificant conditions contr	EBUTING TO DEATH BUT NOT RELATED TO	/ `	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)				
MEDICAL	Hour o.	URY Month, Doy, Yeor m. 19		ACE OF INJURY (Home, for tory, street, office bldg., etc.		nty) (Stote)			
	saw the	21. I certify that (I) (this has itely attended the deceased fram							
	220. SIGNATURE	chard &	Wull M	.D. PHYS.	MED. STAFF 22b. DA	TE SIGNED			
	22c. PHYSICIAN' NAME (Type		Peeler, M.D.		edral St., Annapolis	, Md.			
23	o. BURIAL, CREMATI			LUFF CEM	. ANNAPOLIS	(County) (State)			
2	4. FUNERAL DIRECTO	OR	ADDRESS	/ /	D BY REGISTRAR 2Sb. REGISTRAR'S SI				
1	IDHN A	1 IAVLOR.	SONO HUNAPOLIS	3 MID DATE	B 1 6 1956 Icharl	y Judge			

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		ell and the second seco	
		The States C. Feeler, M.D.	
ativada 7 a.m.	South med		

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OR ST.	ATE	1	01767	ME	DICAL EXAMI	NER'S CE	ERTIFICATE O	F DEATH		01	717	
ALTH I	DEBIL	1.	LACE OF DEATH		MA	RYLAND	o. STATE	/here deceosed lived, i	I COLLINST	idence before	,	
2, and 3 PM3. Po	ate Department hours ofter dea	1	CITY OR TOWN (If outside corp write RURAL and give nearest	· GLEN B			CITY OR TOWN (If out	side corporate limits, v	vrite RURAL and	0	2-1	
ges 1, 1 form	date Deprivation of the Deprivat	0	NAME OF HOSPITAL OR INSTITU UP1 -NCZIH. M	CUNDEL-1	hip.		STREET ADDRESS 207 LL. H.			· Y	ON A FARM?]
8. Give Poges 1, along with form			NAME OF DECEASED Type or print) EX 6. COLOR OF	First goldie RACE 7. MARRIE	Middle		Lost Core S DATE OF BIRTH	4. DATE OF DEATH 9. AGE (In	Month	DOY DER I YEAR	Year 19 6 6 IF UNDER 24 HR	5
Item 18. Office alo	ond 2 wit event wi		USUAL OCCUPATION (Give kind of	WIDOWE		ED	F-11-68 11. BIRTHPLACE (Stote of	lost birt	ndoy) Month yrs.		Hours Min	-
E N	ges l ony		ng most of working life, even if ret		INDUSTRY		mal MOTHER'S MAIDEN N	A MF		COUNTRY?	-	_
G . E . W	File	1S.	WAS DECEASED EVER IN U.S. ARME	Ale kn	6. SOCIAL SECURITY NO.	17. INFO	margo DRMANT -	. Flaur	Address			_
a be executed d "pending" ir Chief Medicol I	it permit removal	(Ye	, no or unknown) (If yes give wo	lly one couse per line		1	to amely		fame		RVAL BETWEEN	-
wor	buriol-trans motion, or		4500 Conditions, if ony, which gove rise to immediate couse (o),	DUE TO	rkumle	dans	Greensyn			ons.	ET AND DEATH	_
e, writing the forwarded to t	used os o burial, cre	z	stoting the underlying couse last. PART II. OTHER SIGNIFICANT COI	(c)	G TO DEATH BUT NOT R	ELATED TO THE	TERMINAL DISEASE CON	DITION GIVEN IN PART	1(0)		WAS AUTOPSY PERFORMED?	=
rtificote, uld be for	ould be	MEDICAL CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20Ъ.	DESCRIBE HOW INJURY	OCCURRED. (Ent	er noture of injury in P	ort I or Port II of item	18.)	YES		1
the 4 sh or fil	oge	MEDICAL	20c. TIME OF INJURY Month, D Hour o.m. p.m.	py, Yeor 20d Wh	. INJURY OCCURRED nile Not While of work	20e. PLACE (foctory,	OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or t	own)	(County)	(Stote)	_
ose execute rector. Poge ained for yo	FUNERAL DIRECTOR: Postule of the original of t		21. I certify that I too death resulted from:	ik charge of the r	remoips described of	bave, held	on Autopsy, , Hamicide CHIEF MEDICAL I	, Undetermi			in my opinio	
necessory, ple the funerol di 5 moy be retr	in or its	1	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	linkak.	rf.	A	DEPUTY MEDICAL	CAL EXAMINER . EXAMINER city, town, or county)		2-14-	2. DATE SIGNED)
the f	TO FUNE Health		REMOVAL (Specify)	DATE THEREOF	23c. NAME OF CEN	Ham	Com.		Surm			_
	15ME (5)	24	McCUlly for	ul Hou	ADDRESS L37Peg	opsig	de 250. REC'D	BY REGISTRAR	25b. REGISTRAR			

401

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMON

0176	38	CEF	RTIFICATE	OF DEATH	120		1()	718
o. COUNTY	Anne Arund	el	MARYLAND		land	b. COUNT	Anne A	rundel
b. CITY OR TOWN	I (If outside corporate limits, and give nearest town)	c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (If ou			L and give neore	st town)
Ann	apolis	l day		RURAL - H	dgewate	r	0.2	! /
		in hospitol, give street oddres	(s)	d. STREET ADDRESS	(0)	E5522		e. IS RESIDENCE ON A FARM?
	ndel General			Rt-4, Box-		300		YES NO
NAME OF DECEASED (Type or print)	First Charles			SHARPS	4. DATE OF DEATH	Februar.		7 19 66
SEX Male	6. COLOR OR RACE Negro	7. MARRIED NEVER MA		DATE OF BIRTH	10		Months Doys	Hours Min.
o. USUAL OCCUPATI	ON (Give kind of work done ng life, even if retired)	10b. KIND OF BUSINESS INDUSTRY	OR	11. BIRTHPLACE (County		n country)	12. CITIZEN O COUNTRY	
	222 CVER IN U.S. ARMED FORCES?	Shary 16. SOCIAL SECURITY	20	14. MOTHER'S MAIDEN M		Address	and	2
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which gove (b), derlying couse	0		orthero so	wfer	els		TERVAL BEWEEN NSET AND DEATH LEWY.
PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO TH	E TERMINAL DISEASE CON	IDITION GIVEN II	N PART 1(o)		WAS AUTOPSY PERFORMED? YES NO D
OR CONTRIBUTI	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	205. DESCRIBE HOW INJU	JRY OCCURRED. (Er	nter noture of injury in	Port I or Port II	of item 18.)		
Hour	NJURY Month, Doy, Yeor o.m. p.m. 19	20d. INJURY OCCURRED While Not While of work of work		OF INJURY (Home, form , street, office bldg., etc.)		ity or town)	(County)	(Stote)
	deceased alive an	tad) attended the deceder. Feb. 27, 19_4	ased from 66, and that	death accurred at			nd an the da 22b. DATE SIG	111
22c. PHYSICIA NAME (Ty	ne)	Church, M.D.	M.D.	PHYS. 22d. ADDRESS 121 Cathe	DIRECTOR L	J PHYS. L	2/28/polis.	
230. BURIAL, CREMA	TION, 23b. DATE THER	EOF 23C NAME OF	F CEMETERY OR CR	EMATORY *	23d. LOCAT	ION (City or Town	n) (County	

ADDRESS

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please semance carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and intermedent, within 72 hours after dept. Page 4 moy be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. CDUNTY a. STATE b. OHLY OR TOWN (if outside corporate limits, Department after death. 2, and 3 to the funeral PM3. Page 5 may be c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) e. IS RESIDENCE OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? State ND Z YES NAME OF Year 3. Middle Month Last DECEASED the DEATH 2 (Type or print) 1966 2 with within AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthdey) | Months | Days | Hours | Min. DATE OF BIRTH SEX 9. 7. MARRIED NEVER MARRIED orm Pages Days CAL EXAMINER: This certificate should be executed within 24 hours after death. the certificate, writing the word "pending" in pencil in Item 18. Give Pages 4 should be forwarded to the Chief Medical Examiner's Office along with for WIDOWED event 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OF 10a USUAL OCCUPATION (Give kind of work done BIRTHPLACE (State or soreign country) during most of working life, even if retired) pages I THER'S File pand 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. INFORMANT (If yearlye war or dates of service) permit. I INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) DUE TD Conditions, if env. which (b) rise to immediate gave DUE TO cause (a), stating the . 07 underlying couse last (c) used as to burial, WAS AUTDPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION NO W YES be 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert II of Item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. Pig 3 should agent, p MEDICAL 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While DIRECTOR: Page its designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion FUNERAL DIRECTOR: I Health or its design Undetermined manner death resulted from Suicide Homiclde execute th for your CHIEF MEDICAL EXAMINER 22. DATE TIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO DEPUTY please ex director. **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY OCATION (City, town or county) BURIAL, CREMATION, 23b (State REMOVAL (Specify) of 2 will FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966 VR A15ME 3500 4-64

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VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11770 CERTIFICATE	OF DEATH	
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission	on)
	a. COUNTY	a., STATE b. COUNTY	
_	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town	- X
	D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest tow	n)
	Glen Burnie	Jevern 02-1	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE	
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3	NAME OF Eirst Middle	Box181-Rt1- / SIEGraph Road YES NOL	_
٥.	DECEASED	C Last 4. DATE Month Day Year	=
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13.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
	01 1 0 1/1	14. MOTHER'S MANDER KAME	
15	Charles R. Winterson	JOTAN (raggs	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (es, no, or/unkown) (If yes give war or dates of service)	INFORMANT Address	
	No In W Un Known 1/4.	John H. Smith (Son) Severn N/1.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN	N
	PART I. DEATH WAS CAUSED BY:	onset and Death	1
	IMMEDIATE CAUSE (a)	were a conf	-
	DUE TO (M)	10-10-10	
	gave rise to immediate (b)	renorcus 10 oran	2
	cause (a), stating the DUE TO		
3	underlying cause last. (c)		
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS	
CAT		PERFORMED?	9
E	20a. ACCIDENT WAS UNDERLYING THE 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of Injury In Part or Part of Item 18.)	4
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ness tentor nature of injury in fact for fact if or from 2007	
			_
MEDICAL	factory	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)	
ME	p.m. 19 While Not While at work at work		
R.	21. I certify that (I) (this hospital) attended the deceased from 7	2-6, 1966, to 2-7, 1966, that (1) (we) la	st
		death occurred at & M. from the causes and on the date stated abov	
	22a. SIGNATURE	1 22b. DATE SIGNED	-
7.5	HERREN MADE TUL M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 2 ~ 7-66	
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type)		
23a	la. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d. LOCATION (City, town or county) (State)	=
238	BEMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)	
-04	Durial teb. 10,1966 Smith tamil	(tometery) Severn, Mar.	_
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, CERTIFICATE OF DEATH

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1.	PLACE OF DEATH				1	2. USUAL RESIDE	NCE (Whe	re deceased l			esidence l	before ac	imission)
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-	b. CITY OR TOW	Arundel N (if outside corporate lir	nits. I	MARYLAN c. LENGTH OF STAY IN		c. CITY OR TOWN			limits, wr	ite RURAL	and give	neares	t town)
	write RURAL	and give nearest town)		1 0							0%	_ /	
_		imore	nat in ha	8 year			ltim	ore				IC DEC	IDENCE
	d. NAME OF HUS	SPITAL OR INSTITUTION (if	not in no	ispital, give street addr	ess)	d. STREET ADDRES	55				0.	ON A	
	491	L Brookwood Ru	i.			4911	Brook	cwood	Rd.		Y	ES 🗌	NO
3.	NAME DF DECEASED	First		Middle		Last		ATE	Month	1	Day	Yea	ar
	(Type or print)	HELE	N	E.		SMITH		EATH	Feb	ruary	11	19	66
5.	SEX		ARRIED	NEVER MARRIED	7 8.	DATE OF BIRTH		9. ACE	(In years I	IF UNDER	1 YEAR I		24 HRS.
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	Bernard	J. Ebert					Park	3					
		EVER IN U.S. ARMED FORCES		SOCIAL SECURITY NO.	17. 1	NFDRMANT			Addres	SS			
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-1		DEATH [Enter only one car	se per II			10 1					INTER	VAL BE	TWEEN
н	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	acu	to come	341	throuto.	DIN)	7			UNSE	TAND	DEATH
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CERTIFICATION	PART II. OTHERS	GIGNIFICANT CONDITIONS	ONTRIBU	TING TO DEATH BUT NOT	RELAT	ED TO THE TERMINA	AL DISEASI	CONDITIO	MCIAFMIM	PARTI(a)		PERFOR	
2	NU	abills me	llil	us							YES		NO D
F	20a. ACCIDENT	WAS UNDERLYING	20b. E	ESCRIBE HOW INJURY	OCCUR	RED. (Enter nature	of Injury	In Part I o	r Part II o	f Item 18.)		
8	(IF EITHER, NO	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)											
¥.	20c. TIME OF	INJURY Month, Day, Year	20d. II			E OF INJURY (Home		of. (City o	or town)	(Cou	nty)	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY Anne Arundel (ounty the tes MARYLAND Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) papers. Fab. write RURAL and give nearest town)

yreen Haven hours ,= Green Haver d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE DN A FARMS R.F.D.#3 Box 463 within Pasadena Md. NOT YES etely executed within carbon ent, with NAME DE First Middle DATE Day Year DECEASED Smith 1966 (Type or print) Henry andecompi DEATH 6. COLOR OR RACE emove any ev 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. F UNDER 24 HRS last birthday) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please lease and in PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. during most of working life, even if retired) INDUSTRY COUNTRY? A. Laborer Vater 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova Heck Edward Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attenuit it permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address Or (Yes, no, or unkown) (If yes give war or dates of service) 21 cremation, CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). n signed by the burial-transit INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) been gave rise to Immediate the r to DUE TO stating (a), as th 66200 underlying cause last. certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES NO F 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this certified be detached for State Dept. of 1 MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While Page 4 may be retained by at work p.m. 19 at work FUNERAL DIRECTOR: Affi director, page 3 should be should be filed with the Si 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S director, p 22d. **ADDRESS** NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 10 REMDVAL (Specify) ardens of taith Burial FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O1773

CERTIFICATE OF DEATH

	Tem 2 87 m (-5)	15 6/211/66	and la	
1.	PLACE OF DEATH a. CDUNTY		Where deceased lived, If institution: R	tesidence before admission)
	Anne Arundel MARYLAND	a. STATE	b. CDUNTY Fr	ederick /
1	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TDWN (If out	side corporate limits, write RURAL	and give nearest town)
	Crownsville	Frederic	k	10-2
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	4291	e. IS RESIDENCE DN A FARM?
	Crownsville State Hospital			YES ND
3.	NAME OF First Middle	Last 4.	. OATE Month	Day Year
	OECEASEO (Type or print)#3-00224 Sylvester	Smith	OF DEATH 2	5 1966
5.	7. MARKIED THEYER MARKIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	1 VEAR HE HINDER 24 HRS
	Male Negro widdwed Unknowworced	1890	75 yrs. Months	Days Hours Min.
1Da	. USUAL DCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS DR ing most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County	y & State, or foreign country) 12. C	ITIZEN DF WHAT
Gui	Laborer	Maryla		U.S.A.
13.	FATHER'S NAME	14. MDTHER'S MAIDEN		<u> </u>
	Benjamin Smith	Nellis	Rollins	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17.	INFORMANT	Address	MILLIAN TO THE
(0 0	(If yes pive war or dates of service)	Hospital	Records	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN DNSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Congestive H	leart Failure		1 week
	4200	1.5		
	Conditions, If any, which \ (h) Arteriosclero	itic ^H eart Di	sease	years
	gave rise to immediate cause (a), stating the DUE TD			
	underlying cause last. (c)			
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CAT				YES ND
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of in)	ury in Part I or Part II of Item 18	.)
CE	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	factor	CE OF INJURY (Home, farm,	2Df. (City or town) (Cou	unty) (State)
<u>E</u>	Hour a.m While Not While at work at work	ry, street, office bldg., etc.)		47.0
2	21. I certify that (!) (this hospital) attended the deceased from	5/13 191	3 to 2/5 19 6	56, that (I) (we) last
	saw the deceased alive pn 25 19 66, and that	death occurred at 1P	M, from the causes and on t	he date stated above.
	22a. SIGNATURE	dodin booding de	22b. D	ATE SIGNED
	Mellette M.D	ATTENDING MED	ECTOR PHYS.	2/7/66
-	22c. PHYSICIAN'S	22d. ADDRESS		
	NAME (Type) L. Benedict, M.D.	Crownsvill	e State Hospital	.Maryland
238			23d. LDCATION (City, town or co	
	JEMDVAL (Soecify) 2.25.66 Mills to	Tlud Med V	gozy. BALTO	
24		25a. REC'D		'S SIGNATURE
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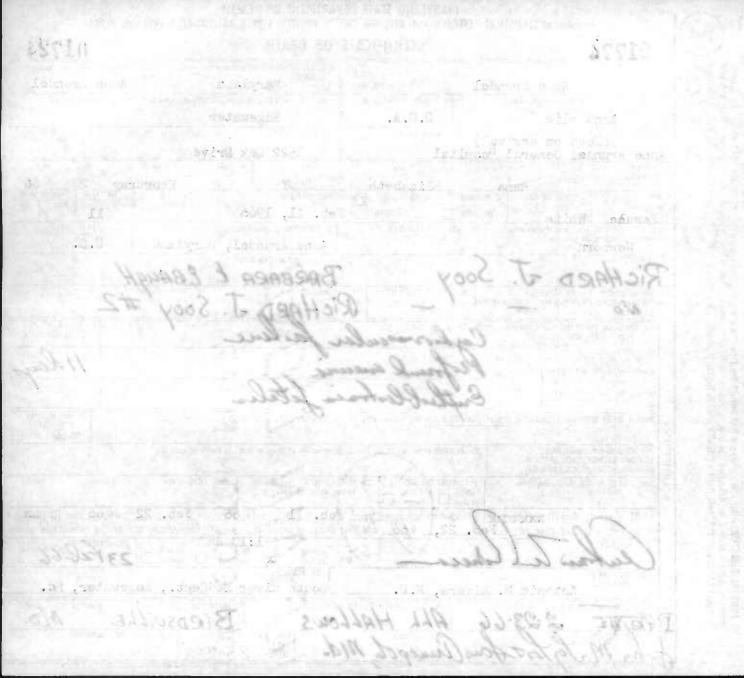
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death leath and the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND by the Pages b. CITY OR TOWN (If outside corporote limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours o write RURAL and give negrest town) D.O.A. Edgewater Annapolis e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address) d. STREET ADDRESS .⊆ within 72 campletely filled Hospita] 3522 Oak Drive YES NO Arundel General 3. NAME OF carbon Middle Last 4. DATE Month DECEASED Februray (Type or print) DEATH Elizabeth SOOY 9. AGE (In years IF UNDER 1 YEAR | 1F UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) Hours d in ony Feb. 11, 1966 WIDOWED DIVORCED Female White and 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) ease INDUSTRY physician Anne Arundel, Maryland NO. EATHER'S NAMI 14. MOTHER'S MAIDEN NAM remayal, attending phy nermit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates of service permit. D crematian. 1B. CAUSE OF DEATH (Enter only one cause per line for (a) INTERVAL BETWEEN -transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) p Page 4 may be retained by the haspital ar attending physician. signed burial-tr DUE TO burial. Conditions, if any, which gave rise ta immediate couse (o), DUE TO stating the underlying cause priar to has been the SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? far use Health p CERTIFICATION YES DO this certificate 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH State Dept. af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) Haur o.m factory, street, office bldg., etc.) Not While at work at wark 19 66, that (1) (Wex last I certify that (1) (this hospital) altended the deceased fram_ 19 66 to Feb. 22 be filed with the DIRECTOR: saw the deceased alive on 22. 1966, and that death accurred at M, fram causes and an the date stated above. SIGNATUR 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) South River MedCent., Edgewater, Md. Antonio M. Rivera. directar, shauld be BURIAL, CREMATION (Stote) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If Institutions Residence before admission) PLACE OF DEATH e. COUNTY 1. b. COUNTY lay is necessary, 13 to the funeral Page 5 may be Department after death. b. CITY OR TOWN (if outside corporate limits, write RWRAL and give nearest town) C. LENGTH OF STAY IN 1b c. CHTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? State hours YES NO any dela 2, and PM3. F DATE Month Day Year NAME OF Middle 3. OF DECEASED the DEATH 1966 (Type or print) with AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 9. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED form last birthday) Months I ive Pages with form Davs after death. WIDOWED DIVORCED T 12. CITIZEN OF WHAT 10e. USUAL OCCUPATION (Give kind of work done) 11. /BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 18. Give I along wit COUNTRY? during most of working life, even if retired) 1000 FATHER'S NAME MOTHER'S MAKEN NAME 130 Item y" in pencil in Itel Examiner's Office 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no. prounkown) (If yes give war or dates of service) permit. F EXAMINER: This certificate should be executed within INTERVAL BETWEE CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, or IMMEDIATE CAUSE (a) the word "pending the Chief Medical DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? certificate, writing the NO 34 YES 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Pert I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING IT PE CAUSE OF DEATH. 3 shou 20f. (City or town) 120e, PLACE OF INJURY (Home, ferm.) (County) (State) MEDICAL MUURY OCCURRED TIME OF INJURY Month, Day, Year 20d. factory street, office bldg., etc.) Not While While Book at work IRECTOR: Page its designated p.m et work and in my opinion 21. I certify that L'took charge of the remains described above, held an Autopsy inspection should DIRECTOR: Homicide Undetermined manner Suicide death resulted from Accident execute the r. Page 4 s d for your f CHIEF MEDICAL EXAMINER 22. DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE 10 FUNERAL I DEPUTY MEDICAL EXAMINER DEPLITY please ex director. retained f **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. 10 F LEMOVAL (Specify) Derria ADDRESS REC'D BY REGISTRAR FUNERAL DIRECTOR 24 VR A15ME 3500 4-64

FOR STATE HEALTH DEPT.

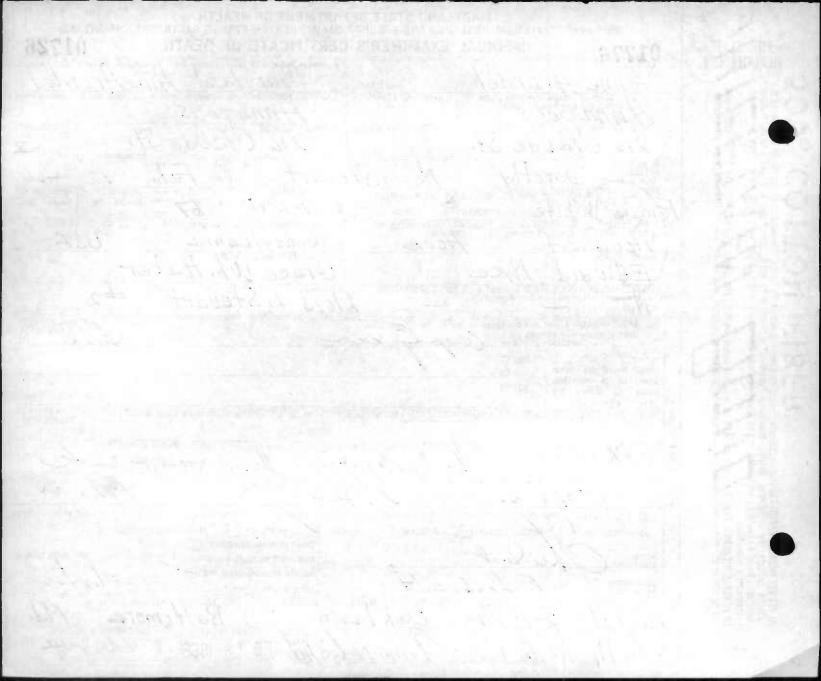
TO DEPUTY MEDIS.—EXAMINER: This certificate should be executed within 24 hours after death. If any delay the please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR AI5ME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1		01776 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()1726	;
1	1.	PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Besidence before admiss a. COUNTY a. COUNTY b. COUNTY	sion)
		MARYLAND MARYLAND MARYLAND MARYLAND	
	13	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	(nwc
		d. NAME OF HOSPITAL OR INSTITUTION (If Bot in hospital, give street address) d. STREET ADDRESS	NOF
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		OF CTYPA OF Print) DOTOTHY N. STEVATT DEATH Feb. 12 1966	
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	1Da	a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	
		House wife Home Pennsylvania Country Pennsylvania	
	13.	Edward Myce Grace Whitzker	
	15. (Ye	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT / CALL Address / Address / Address	
	_	140 - Lioya Misteriali	
		18. CAUSE DF DEATH [Entar only ona cause per line for (8), (b), and (c),] PART I. DEATH WAS CAUSED BY:	TH
		979 X IMMEDIATE CAUSE (0) (Cusp graphs	-
		Conditions, if any, which \ (b)	
		gava risa to immadiata (.0
		underlying causa last. (c)	
	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF	
5	CAT	YES NO	
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY PI OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I of Item 18.) CAUSE OF DEATH.	
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State	e)
	MEDICAL	Hour e.m. 2/12 1966 While Not While factory street, office bldg., etc.)	
		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opin	nion
		death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	
		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF SIGN	NED
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
		EXAMINER'S NAME (Type) - Linhar T. Address (Street, city, town, or county)	
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMATERY OR CREMATORY 23d. LOCATION (City, town or county))
1	24	SUTIAL 2-13-1966 CAK AWN BALTIMORE 1141	
)	1	John M. Faylor & Jons Chmapolis Mohate B 16 1966 Icharles Judge	
-	1	Andrea Louis Milliahans White a To 1000 I	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Crownsville State Hospital 3. NAME OF DECEASED (Type or print)#3-02761 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED STEWART DEATH 2 Female Negro WIDOWED DIVORCED 10. UNKNOWN (if outside corporate limits, we have a support of the state of the support of the supp	Trimore City Trite RURAL and give nearest to e. Is RESIDE ON A FARI YES NO th Day Year 5 19 66
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Crownsville State Hospital 3. NAME OF DECEASED (Type or print)#3-02761 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEATH PARTIED NEVER MARRIED NOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) D. C. CITY OR TOWN (if outside corporate limits, we have a sign of control of stays of control of stays of control of stays of countrol of stays of stays of countrol of stays	e. IS RESIDE ON A FARI YES NO th Day Year 5 19 66
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Crownsville State Hospital 3. NAME OF First Middle Last 4. DATE OF	e. IS RESIDE ON A FARI YES NO th Day Year 5 19 66
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Crownsville State Hospital 3. NAME OF First Middle Last 4. DATE OF DECEASED (Type or print)#3-02761 Elizabeth Stewart DEATH 2 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Female Negro WIDOWED DIVORCED 1889 76 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown Unknown	ON A FARI YES NO th Day Year 5 19 66
Crownsville State Hospital 3. NAME OF DECEASED (Type or print)#3-02761 Elizabeth Stewart DEATH 2 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Female Negro WIDOWED DIVORCED 1889 76 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Unknown Unknown	ON A FARI YES NO th Day Year 5 19 66
3. NAME OF DECEASED (Type or print)#3-02761 Elizabeth Stewart 0F DEATH 2 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) 76 yrs. 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	th Day Year 5 19 66
DECEASED (Type or print)#3-02761 Elizabeth Stewart DEATH 2	5 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Female Negro WIDOWED DIVORCED 1889 76 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Unknown Unknown	LIFTINDER 1 YEAR HE UNDER 24
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country industry) 11b. BIRTHPLACE (County & State, or foreign country)	Months Days Hours
Unknown Unknown	y) 12. CITIZEN OF WHAT
	COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A.
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conditions, If any, which (b) Arteriosclerotic Heart Disease	Years
cause (a), stating the underlying cause last.	V 7 - 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOF
Chronic Brain Syndrome due to C.N.S. Syphilis 026 X	YES NO
20a. ACCIDENT WAS UNDERLYING	of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) P.m. 19 At work at work at work	(County) (State
21. I certify that (I) (this hospital) attended the deceased from 7/29 , 19 29, to 2/5	, 19 <u>66</u> , that (I) (we)
saw the deceased alive on 2/5 19 66, and that death occurred at 2:30M, from the causes	
22a. SIGNATURE M.D. ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS.	2/7/66
22c. PHYSICIAN'S NAME (Type) L. Benedict, M. D. Crownsville State Hos	pital,Marylan
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 33d. LOCATION (City, 1) CONTROL OF THE CONTROL OF	town or county) (State

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be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death centre Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND

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	PLACE OF DEATH					2. USUAL RESIDENCE o. STATE	(Where deceos	sed lived, if institu b. COU		before od	mission)
		Anne Aru		MA	RYLAND	Mary.	land	b. COU	Anne	Arun	dll
	b. CITY OR TOWN (I	f outside corporate li give nearest tawn)	mits,	c. LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (If a	outside corpara	ite limits, write RU			
-	Ann	apolis		7 hrs.		RURA	L - Ed	gewater	-0	2-	1
		AL OR INSTITUTION (I		give street address)		d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
L	Anne Arun	del Gener	al Hosp	ital		7th Ave.	Selly.	-on-Bay		YES	NO NO
1	NAME OF DECEASED (Type ar print)	Mar	First	Middle Jane	ST	Lost INNETT	4. DATE OF DEATH	Februa		Day 24	Year 19 66
S. 5		6. COLOR OR RACE	7. MARRIED	NEVER MARRI	-	. DATE OF BIRTH	9	AGE (In years	IF UNDER 1	YEAR IF	UNDER 24 HRS.
	Female	White	WIDOWED	DIVORC		Nov.28,		last birthday) /11746 yrs.			aurs Min.
10a. duri	usual occupation ing most of working.	(Give kind af work do		IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (Count		reign country) Virginia		ZEN OF WH NTRY?	IAT
13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
	W	alter P.	Grahan	n.	FORLS	Maud	de Der	nnis			
		R IN U.S. ARMED FORCE		SOCIAL SECURITY NO.	17. II	FORMANT		Addr	ess		
(16	s, na, ar unknown)	(If yes give war or dat	es of service)			Mr.Eddie	Stin	nett			
	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)								T	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) + ENDRATHAGE									ONSET AND DEATH	
	144 X DUE TO										
	Conditions, if ony, which gove inse to immediate cause (a), (b) EROSION OF MAJOR VESSEL										
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MEDICAL	20c. TIME OF INJU Hour o.n		While	NJURY OCCURRED Nat While		E OF INJURY (Home, far ry, street, office bldg., etc		(City or town)	(Coun	ity)	(Stote)
	p.m. 19 at work at wark 21. I certify that (I) (***) Special attended the deceased fram 19 to Feb. 24, 1966, that (I) (we) last saw the deceased alive an Feb. 24, 1966, and that death occurred atM, fram causes and on the date stated above.										
	22g. SIGNATURE	eceased drive an	res. Z	17_00,	, una mui		7:00 A			E SIGNED	ratea abave.
	LLG. SIGNATURE	most	111/16	there.	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	7/2/2	4/6	66
	22c. PHYSICIAN'S NAME (Type)	Jesse L.	Wilkin	s. M.D.	ma	22d. ADDRESS		t., Anna	polis.	1	9
23a	BURIAL, CREMATIC	N. 23b. DATE	THEREOF	23c. NAME OF CE		REMATORY	23d. LO	CATION (City or To	own) (i	Caunty)	(State)
	REMOVADISPACIFIC	al 2-2	6-66	B	uckla	ind	Buc	kland		quie	r Va
24.	FUNERAL DIRECTO	R. V		ADDRESS	2		D BY REGISTR		EGISTRAR'S SIG		- 4

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01779 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY h COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lothian 20 min. Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Unknown Anne Arundel General Hospital Nursing Home YES NO 3. NAME OF Middle 4. DATE First Month DECEASED STOUTENBURGH February 19 66 Abxilx Rosa (Type or print) AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Hours May 5, 1878 Female White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Home Washington D. Housewife

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Kerr 17 INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no or unknown) (If yes give wor or dotes of service) M/Sgt. Thomas Kerr, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) QNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? FICATION 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While of work 1965, to Feb. 18, 1966, that (I) (west lost 21. I certify that (1) (POSCOSOS) attended the deceased from saw the deceased alive on. Feb. 18 19 66, and that death occurred at M, from causes and on the date stoted obove. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 121 Cathedral St., Annapolis, Md. NAME (Type) Gennan CHUOLP 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23h DATE THEREOF 23o. BURIAL, CREMATION, (County) Washington, D. Mt. Olivet 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DATE B

Cleanlas

Kirkley Funeral Home, Glen Burnie, Md.

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director, page shauld be filed

within 24 haurs after death

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ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the hospital or attending

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MARYLAND STATE DEPARTMENT OF HEALTH

			DIVISION OF STATES	IICAL RESEAR	CH AND RECOR	D3, 301 V	V. PRESTUR SIKE	EI, DALIIMUI	E, MAKILA	AND ZIZUI	
FOR STATE		01780		MEDIC	AL EXAMIN	ER'S CE	RTIFICATE O	F DEATH		0.	1730
EALTH DEPTY		PLACE OF DEATH a. COUNTY	a. Co		MARY		o. STATE	Where deceased liv	ed, if institution b. COUNT	n: Residence bef	/
deloy 1s and 3 to 13. Page Iment af ir death.		b. CITY OR TOWN	(If outside corporate limit	is,	c. LENGTH OF STAY IN		CITY OR TOWN (If au	itside corparate lin	its, write RURA	AL and give near	est town)
oth. If any deloy oges 1, 2, and 3 ith form PM3. Pai State Deportment 2 hours after deal		Wille, RURAL OF	d give nearest town)	GLEN	BURNIE		Port Si				- 3
um I, 2, m f Pepo		d. NAME OF HOSPI	TAL OR INSTITUTION (If n			d	. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
ges 1, form ate De hours	1	20.A-	Noeth. H.	eunder			128 EST	1A- LAR	JE.		YES NO
de F		NAME OF DECEASED (Type or print)		buk.	Middle	ó	Lost STRANZ	4. DATE OF DEATH	Month Z	D. 5	1
8. Give olong voith the within	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8 1	ATE OF BIRTH		(In years birthdoy)	IF UNDER 1 YEAR Months Doys	
	L	M	w	WIDOWED	DIVORCED		2-11-1901	6	yrs.		
24 hours in Item 1 r's Office Item 1	dur	machine Machine	N (Give kind of work done glife, even if retired) CST	10b. KIND	OF BUSINESS OR STRY LOVERN	nont	Mary/a	nd		12. CITIZEN COUNTRY	
within pencil i Exominer Exominer File pag	13.	FATHER'S NAME	1 111	01		14	. MOTHER'S MAIDEN				
n per Exon File and	_	Kelr	hold I.	STRAI			Unkn	own			
- i - i - i			ER IN U.S. ARMED FORCES? (If yes give wor or dotes	-f	CIAL SECURITY NO26-9566	Mara	aret T.St	ranz 1	Address 28 Est		Post Stikus
e execut pending ef Medica isit permi		18. CAUSE OF D	EATH (Enter only one con TH WAS CAUSED BY:							11	NTERVAL BETWEEN
hief Transi		1/5//	IMMEDIATE CAUSE	(0)	we den	A-1-	_			wi	AND DEATH
word word the Ch rriol-tro		Conditions, if on		TO							
he he to t to t bur mat		rise to immedio	te couse (o), ((b)							
tirote ting the rded to os o al, cre		stoting the under	erlying couse	(c)							
s certiticate sh , writing the forwarded to used os o bur burial, crema	-	PART II. OTHER S	IGNIFICANT CONDITIONS		DEATH BUT NOT RELA	TED TO THE	TERMINAL DISEASE CON	IDITION GIVEN IN	PART 1(o)	19	9. WAS AUTOPSY
	ATIO										PERFORMED? YES NO
artifice ould be ould I	CERTIFICATION	200. EXTERNAL CO PRIMARY ☐ or CO CAUSE OF DEATH.		20b. DESCR	RIBE HOW INJURY OC	CURRED. (Ent	er nature of injury in	Part I or Part II of	item 18.)		
AMINEK: e the certi e 4 should our files. age 3 shoul agent, pri	MEDICAL	Hour o.	URY Month, Doy, Yeor m. m. 19	20d. INJU While at work	Not While		F INJURY (Home, farm street, office bldg., etc.)		or town)	(County)	(Stote)
AL EX execut or. Pogo 1 for y TOR: Po pnated		21. I certif	fy that haak charg			ave, held	an Autapsy ,	Inspection	, Inqui	ry , an	nd in my apinia
		death resu			Accident		, Hamicide		ermined ma	nner 🗌	
metor pleose I direct retoine DIREC		ACTUAL					CHIEF MEDICAL	EXAMINER			00 0475 (10450
		SIGNATURE	Gulard	_		A	1. D.	ICAL EXAMINER			22. DATE SIGNED
necessory, please the funeral directions of many be retain of Funeral DIRECTIONS OF FUNE		EXAMINER'S NAME (Type)		hnadt	50		Address (Street	AL EXAMINER , city, town, or co	inty)		-24-66
necesso the fun 5 moy TO FUNE Health	1	BURIAL, CREMATI	1) 2/28	FREDF 166	33c. NAME OF CEME Saudon	Park	Cemeter	Balta	more,	marine	land
VR A15ME (5)	24	FUNERAL DIRECTO	OR O	000	ADDRESS	0		BY REGISTRAR 196	2Sb. REG	ISTRAR'S SKNATI	JRE .
6M 1/66	6	merce	Ju 1328	Sulphu	N opring	1 141	- DAIRIYL	1 135	O F	-ares	nage

the funeral ges 1 and 2 after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove Cabon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours aft.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11721
CERTIFICATE OF DEATH

01101	OFKILLICALE	OI DEATH			. 11.5	40	
1. PLACE DF DEATH a. COUNTY		2. USUAL RESIDENC	E (Where deceased liv		on: Residence	before ad	mission)
Anne Arundel	MARYLAND	a. STATE Mar	yland	b. COUNTY	10 Am	mda	7
b. CITY OR TOWN (If outside corporate limits	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		Anr		unde ve neares	
write RURAL and give nearest town) Crowns vulle	1 Month		Marvland	mitta, write at	Sitvic and Si) /	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS	marytanu		00	. IS RESI	DENCE
H	pital	Box 345-A	Rt. #2			ON A F	
3. NAME DF First DECEASED	Middle	Last	4. DATE	Month	Day		
(Type or print) #31106 William	F. Stum	pf	OF DEATH	2	14	19 8	6
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH		n years IFUN		IF UNDER	24 HRS
Male White WIDOWED	DIVORCED	3/2//1892	73	rthday) Mont	ths Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done done) 10b. Kil during most of working life, even if retired) IN		11. BIRTHPLACE (Co	unty & State, or foreig		2. CITIZEN	OF WHAT	
		Monulon	d		COUNTRY	?	
13. FATHER'S NAME	ports	Marylan 14. MOTHER'S MAID			טטר		
Frederick Stumpf		Sophia	orth orth				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yes, no, or unkown) (If yes give war or dates of service) 27	5-09-4559	INFDRMANT		Address			
37	DECIMAL X	(Hospital	Records)	H.D.	Schw	aab	
18. CAUSE OF DEATH [Enter only one cause per lir	ne for (a), (b), and (c).]				INTE	RVAL BET	WEEN
PART I. DEATH WAS CAUSED BY:	Septicemia				ONS	ET AND D	EATH
334X IMMEDIATE CAUSE (a)							
DUE TO DE	cubitus Ulcer	5					
Conditions, If any, which gave rise to immediate (b)				11 0	1		
cause (a), stating the DUE TO LATO	nic Brain Syn			th Ler	solar		
underlying cause last. (c) and	Generalized A	rterioscle	rosis				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL D	ISEASE CONDITION (IVEN IN PART	1(a) 19.	WAS AUT	TOPSY
Dehydration and	Inanition				YE		NO X
T.	ESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of	injury in Part I or	Part II of Iter		- house	40.01
(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	JURY OCCURRED 120e, PLAC	E OF INJURY (Home, fa	rm, 20f. (City or	town)	(County)	(5)	tate)
Hour a.m. / While	Not While factor	y, street, office bldg., et	c.)	town,	(oount))	(3)	tutoj
	at work			1- 1			
21. I certify that (I) (this hospital) attende	d the deceased from		66, to 2	/14/,1	966, th	at (I) (w	e) last
San And debyastia city c Andre	4/1/19 66 and that	death occurred at2	M, from the				above.
22a. SIGNAPORE	11 1916	ATTENDANCE	15D ATA		. DATE SIG		
week of news	M.D.	ATTENDING TO	MED. STA	s. 🔲	2/14/6	6	
22c. PHYSICIAN'S	M D	22d. ADDRESS	11- C+-+	- Unna	1-1		
NAME (Type lone) McHenry	Марр, M.D.	Crownsv	lite prat	e Hosp:	rrai		
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town o	r county)	(Sta	ate)
Burial 2-16-66	Tourdon Devil		Bol +two	M 0		363	
24. FUNERAL DIRECTOR	Loudon Parl	25a. REC	Baltimo	25b. REGIST	RAR'S SIGN	ATURE	•
	905 York Rd.			ami	arles	_	e
TO STATE OF DOLLD OO . 4	JOJ TOPA NO.	DATE -	B 1 5 196	0	-,00	1 0	

VR AI5 (4) 20M 1/65

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manufactured to the property of the property o

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01782
CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution; Rea. STATE b. COUNTY	esidence before admission)
	b, CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	and/give nearest town)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	Prayden	18-2
(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO.
	NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month OF DEATH TO 2/	Day Year 1966
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCEO	B. DATE OF BIRTH 1876 9. AGE (In years IFUNDER: Months) When the second	Days Hours Min.
	USUAL OCCUPATION (Give kind of work done no most of working life, even if retired) USI OCI A CONTROL OF BUSINESS OR INDUSTRY		TIZEN OF WHAT
13.	FATHER'S NAME Zackarla Suter	14. MOTHER'S MAJDEN NAME / Mason.	
15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. i, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSEO BY:		INTERVAL BETWEEN ONSET AND DEATH
	177 X IMMEDIATE CAUSE (a) 177 X DUE TO Q M +	+	
	Conditions, If any, which gave rise to immediate (b)	2 1 9 26 2	
	cause (a), stating the underlying cause last. DUE TO (c) Crein om 2	the Prostate.	
CERTIFICATION	part II. other significant conditions contributing to beath but not rela	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO? YES NO
	2Da. ACCIOENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
MEDICAL		CE OF INJURY (Home, farm, ry, street, office bldg., etc.) 20f. (City or town) (Court, street, office bldg., etc.)	nty) (State)
	21. I certify that (I) (this hospital) attended the deceased from	A 18 1966, to 18 02/ 196	that (I) (we) last
	saw the deceased alive on 22a. SIGNATURE and that	death occurred at 630 M, from the causes and on the	
	Las Mary 1/aff M.O.	ATTENDING MED. STAFF	RD 22 1966
	22c. PHYSICIAN'S NAME (Type) LIONE MCHERTY Mapp, M.)	22d. ADDRESS Pare Hospital	Md.
23a.	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
24.	BURIAL FEB 26 66 MT OLIVET	CEMEYERY WASHINGTON D	C SIGNATURE
-	Wilmison my 1870	WATEB 25 1966 galante	Judge.

VR AI5 (4) 20M 1/65

A. J. J. LIVET LINEYSPY MASHINGTON, D. J.

24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ady event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI
01783	CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. COUNTY Anne Arundel	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Annapolis	Annapolis 02-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Anne Arundel General Hospital	109 Charles St. ON A FARM? YES \(\text{NO } \text{NO } \(\text{Z} \)
3. NAME OF First Middle DECEASED (Type or print) Augusta	TAYLOR OF TEATH February 11 1966
7. MORRIED NEVER MARKIED	8. DATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR IF UNDER 24 HRS. Isat birthday) Months Days Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? ALESUICLE Maryland U.S.
13. FATHER'S NAME TAMES H C. RANDELL	14. MOTHER'S MAIDEN NAME,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b)	Siere Blooker Interval Between ONSET, AND DEATH Chickles
gave rise to immediate cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
21. I certify that (I) xots (NOSPICE) attended the deceased from saw the deceased alive on Feb. 11 19 66, and that	t death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE M.D	ATTENDING MED. DIRECTOR PHYS. 22b. DATE SIGNED 2 -// - 66
PHYSICIAN'S NAME (Type) Elmer G. Linhardt, M.D.	3 Chesapeake Ave., Annapolis, Md.
BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS 2 - 13-66 EDAR 1	Bhuff YUNAPOLIS MD-
John M. Lay fort Hous Chinopolis, M	1d, DATE B 16 1966 Charles Judge

VR AI5 (4) 20M 1/65

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Esta.					
		in visit			
	a en, umu Arribate			Many O. Manes	

MADVIAND CTATE DEDADTMENT OF HEALTH

	Division of STATISTIC			01 W. PRESTON STRE		MORE, MARYL	AND 212	:01		
01784			CERTIFICAT	E OF DEATH			1)	17:	34	
PLACE OF DEATH o. COUNTY	Anne Aru	ndel	MARYLAND	2. USUAL RESIDENCE (Vo. STATE	Where deceose yland	ed lived, if institution b. COUN	Y		admission unde	
Annapo			LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou		e limits, write RUR	AL and give	0:	2 - 1	/
	AL OR INSTITUTION (If not indeed General			d. STREET ADDRESS					ON A FA	
NAME OF DECEASED (Type or print)	First John		Middle Robert	TAYLOR	4. DATE OF DEATH	Februa:		19	Yeo	66
SEX Male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Aug. 14, 19	04	AGE (In years last hirthday) yrs.	Manths Manths	Days Days	Hours Hours	Min
Da. USUAL OCCUPATION Uring most of working Labore		INDU:	OF BUSINESS OR STRY rious	11. BIRTHPLACE (County		eign country) aryland		IZEN OF UNTRY?		
3. FATHER'S NAME	JohnnRI	aylor	Sr.	14. MOTHER'S MAIDEN		n Thoma	S			
S. WAS DECEASED EVI	ER IN U.S. ARMED FORCES?			INFORMANT		Addres	is		L. M	

(Yes, no, or unknown) ((If yes give war or dotes of service) Charles R. Taylor 218-24-0827 Deale, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise ta immediate cause (a) DUE TO stating the underlying cause WAS AUTOPSY PERFORMED?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Doy, Year (City or town) foctory, street, office bldg., etc.) Hour a.m. Not While

at work

21. I certify that (I) (ARSAGON) attended the deceased from saw the deceased alive an_ Feb. 19 66, and that death accurred at

23b. DATE THEREOF

2/23/66

1966, that (1) (see) last M, from causes and on the date stated above. 7:30 22b. DATE SIGNED

STAFF PHYS.

(County)

22g. SIGNATURE MED. DIRECTOR ATTENDING PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Willard F. Smith, M.D.

Shady Side, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

(County) (State) Md. A.A.Co.

YES X

NO

(State)

23a BURIAL CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR

MEDICAL

Carters Church Cem. ADDRESS Prince Frederick, MdloffEB

REGISTRAR'S SIGNATURE 2Sb.

burial-transit permit. Their place remave carban papers. Pages 1 and 3 burial, crematian, ar remaval, and in any event, within 72 haurs after death campletely filled in by the funeral and attending physician permit. Then please signed by the attendi burial-transit permit. Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar ta VR A15 (4) 20 M 1/66

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

O HOSPITAL OR

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		No Same			
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		End division			

Recuted within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificater Page 4 may be retained by the hospital or attending physician. 26, Feb. 0/0 0 £ σ Red

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	111785	CERTIFICATI	E OF DEAT	Н	01735
1.	PLACE DF DEATH		2. USUAL RESIDE	NCE (Where deceased lived, If Inst	itution: Residence before admission)
	a. COUNTY Anne Arundel	MARYLAND	Marylan	b. COUNT	IY
	b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest town)	. C. LENGTH OF STAY IN 1b			te RURAL end give nearest town)
	N/ Linthicum		N/ Lin	thicum	02-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADORES	S	e. IS RESIDENCE
	214 Coronet Drive		214 Co	roner Orive	YES NO NO
3.	NAME DF First OECEASED	Middle	Last	4. DATE Month	Oay Year
_	(Type or print) JOHN	MATHIOT	TEMPLE	DEATH FED.	24 19 66
5.	SEX 6. COLOR OR RACE 7. MAR	RIEO NEVER MARRIEO	8. OATE OF BIRTH	19. AGE (In years II	FUNOER 1 YEAR FUNOER 24 HRS.
1		WEO DIVORCEO	21 Cab 1	last birthday) 7	Months Days Hours Min.
10a	LIGITO MILITOR	Ob. KIND OF BUSINESS OR INOUSTRY	21 Feb. 1	County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
"		estinghouse	Greens	burg. Pa.	U.S.A.
13	FATHER'S NAME	eathidilogae	14. MOTHER'S MA		1 0.J.M.
	John C Tomple		7-0	prin Zippoppop	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFDRMANT	nnie Zimmerman	
(Y	es, no, or unkown) (If yes give war or dates of service)	10. 300 AL 3200K111 NO. 17.	HALDKWANT	Address	
	no	133-12-2790 Ma	abel C. Te	mple - Same as	# 2
	18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), end (c).]			INTERVAL BETWEEN
	PART I. OEATH WAS CAUSED BY:	1/2011	1101		ONSET AND DEATH
	/ ROWIMMEDIATE CAUSE (a)	wiens	nu		a, wes
	OUE TO	(3	. 7	11.00	10 11.5
	Conditions, If any, which (b)	Courts	04	Yr. M'all	al 10 mo
	gave rise to immediate OUE TO		1		
	underlyler cours lest		//		
S	PART II. OTHER SIGNIFICANT CONDITIONS CONT	PUBLITING TO DEATH BUT NOT BELA	TEO TO THE TEOMINAL	OISEASE CONDITION CIVEN IN E	ART 1(a) 119. WAS AUTOPSY
CERTIFICATION	Trail II. of IL. of Gill 10 do II 10 do	MIDOTING TO CEATIN BOTHOT REEA	TEO TO THE TERMINAL	OISEASE CONCITION GIVEN IN F	PERFORMEO?
13					YES NO
Ē	20a. ACCIDENT WAS UNDERLYING 20	b. OESCRIBE HOW INJURY OCCU	RREO. (Enter nature	of Injury in Part I or Part II of	Item 18.)
S	OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MECICAL EXAMINER)				
AL.		Od. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home.	farm.i 20f. (City or town)	(County) (State)
MEDICAL	Have a m		ry, street, office bldg.,		(orang)
ME		work at work	61	El 2 104	
	21. I certify that in (this hospital) at	tended the deceased from	CV	1904 to 2/24	. 19 (Othat (I) (we) last
	saw the deceased alive on		doath occurred at	3455M, from the causes a	
1	22a. SIGNATURE	John that	destil occurred de	Thin, from the dadses a	22b_OATH SIGNED_
	1 NH+ and	MAINA	ATTENOING -	MED. STAFF	9/10/5/1/-
	1 WOUNTS	1 MU Y MD	. PHYS.	OIRECTOR PHYS.	2/20/00
	22c. PHYSICIAN'S		22d. AOORESS	112 millio mi	
	NAME (Christain S. Ma	288	Balto.Na	t'l. Pike& St.	Johns La.
238	. BURIAL, CREMATION, 23b. OATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	vn or county) (State)
B	REMOVAL (Specify) 28-Feb. 19			Greensburg,	Pa.
24		AOORESS			GISTRAR'S SIGNATURE
	Culgare O. often	reng		221	
Si	ngleton Funeral Home/	Glesh Burnie, Md.	• OATEA	R 1 1966 100	carles Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and then event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

-		
1.	PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) A. STATE D. COUNTY
	ANNE ARUNDEL MARYLAND	MARYLAND ANNE ARUNDET.
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
	GLEN BURNIE 22 DAYS	PASADENA 02-/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE
		ON A FARM?
-	NORTH ARUNDEL GENERAL HOSPITAL	
3.	NAME DF First Middle DECEASED (Type or print) CROVER CLEVET AND	Last 4. DATE Month Day Year DF DEATH THE DETTARY 10 1966
5	GIOVER CHEVERAND	TOPI PEDRUARI IU DD
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE DF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
	MALE WHITE WIDOWED DIVORCED	MARCH 14, 1885 80 yrs.
10a. duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) 1Db. KIND DF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	CONTRACTOR WELL DRILLING	HOWARD COUNTY MARYLAND USA
13.	FATHER'S NAME	14. MDTHER'S MAIDEN NAME
	James F. Toft	Mildred J. Griffith
		INFDRMANT Address Address
	NO None 214-14-8259 MB	
- (18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) CONTRICAL CONTRI	filma 3 ma
	4201 DUE TO 1	
	Conditions, If any, which (b) My greand	all when ten but
	gave rise to immediate	
	cause (a), stating the underlying cause last,	Grescherosii Glor
Z ·	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Ĕ	TAKT II. OTHER STORM TOART COMMITTORS CONTINUED THE ID DEATH BOT NOT RELA	PERFORMED?
20		YES NO
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	(IF EITHER, NDTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 2De. PLAC	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
ā	While Mot while	y, street, office bldg., etc.)
Σ.	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	19 166, 19 to 2/10, 1966, that (1) (we) last
	saw the deceased alive on 2/10/66 19 and that	death occurred at 1130 M, from the causes and on the date stated above.
	22a. SIGNATURE A A	22b. DATE SIGNED
	I bus Heraman. M.D.	ATTENDING DIRECTOR STAFF 2/10/66
	22c. PAYSICIAN'S	22d. ADDRESS () Burnie
	NAME (Type) David A brangon'	707 Balto Homas Blad Glen
23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DE CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) Feb. 14th, 1966 Cedar Hill	Cemetery Brooklyn RFD Maryland
24.		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	R. V. Singleton Glen Burmie, Md.	. DATE B 14 1956 Charles Judge

VR A15 (4) 20M 1/65

T times was a Clinical Fig. 12 Avg. II buzolik " sorten teb, les, 1955 coder will dometery enougher to Horyland A. V. Englaton Clau urdie, No. 25 - 2657 | 6 1950

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 01787 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) 16 days Arnold Annapolis e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS Anne Arundel General Hospital Arnold P.O. Box 22 YES NO Middle 3. NAME OF 4 DATE Month Doy OF DEATH DECEASED 66 TUCKER February 28 William Charles 19 (Type or print) IF UNDER 24 HRS IF UNDER 1 YEAR B. DATE OF BIRTH AGE (In years SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED last birthday) Days Hours Dec. 24, 1900 WIDOWED DIVORCED Male Negro 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Anne Arundel Maryland Engineer
13. FATHER'S NAME 25-25-25-25-25 14 MOTHER'S MAIDEN NAME Carrie Fleetwood William Tucker IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Bx 22 (Yes, na, ar unknawn) (If yes give war or dates af service) Arnold P.O. 219-16-0004 Cora Watts Tucker ***** No INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY 10 7 ove erre IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO YY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice blda.. etc.) Hour o.m. Not While at wark at wark Feb. 28 1966 , that (I) (III) last 21. I certify that (I) (this this phase tended the deceased fram. 161 M, fram causes and an the date stated abave. 19.66, and that death accurred at saw the deceased alive an Feb. 28 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. M.D. Herry 22d. ADDRESS 22c. PHYSICIAN'S 121 Cathedral St., Annapolis, Md. NAME (Type) Gerard Church, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b. DATE THEREOF (County) (State) 23o. BURIAL CREMATION REMOVAL (Specify)
Burial Md Broadneck Church A.A. Co 3-3-1966 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR leavely Judge 1966 Annapolis, Md C.E. Hicks, 111

the death certificate be-executed within 24 haurs after death. and the funeral filled in by me papers. Pages 1 or 72 haurs after d within 72 filled re «carban physician (and ar remayal, attending phys permit. cremation, signed by the burial-transit p the The law requires that Page 4 may be retained by the haspital or attending physician. burial, been as the has use State Dept. of Health After this certificate PHYSICIAN: for detached TO HOSPITAL OR ATTENDING shauld with the TO FUNERAL DIRECTOR: director, page shauld be filed VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT STATE DEPARTMENT OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

_	2	V		0178	3		CERTIFICATE	OF DEATH			01	738
that the death certificate be executed within 24 haurs after death an.	funeral I and ter death			PLACE OF DEATH o. COUNTY	Anne Arundel	W.S.	MARYLAND	2. USUAL RESIDENCE (a. STATE Mary	Where deceosed liv	ved, if institution: b. COUNTY	Residence before	e odmissian) undel
ours afte	ge			o. CITY OR TOWN (II write RURAL and Anna	f outside carporate limits, give nearest tawn) polis	C	LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporote lin	nits, write RURAL o	ond give neore:	it town)
n 24 hc	filled in by to papers. Partin 72 haurs	53			AL OR INSTITUTION (If not in del General I			d. STREET ADDRESS 1201 Tyle	r Ave.,			e. IS RESIDENCE ON A FARM? YES NO
d within	etely fi arban nt, with			NAME OF DECEASED (Type or print)	First Elsie	(Middle Gertrude	TUCKER	DEATH	Month February		2 19 66
executed			S. Fe	emale		MARRIED WIDOWED	THE TELL THE THE TELL	B. DATE OF BIRTH March 25, 1	.912 los	3 yrs. Mo	UNDER 1 YEAR anths Days	IF UNDER 24 HRS. Haurs Min.
of pe	sician and please ren I, and in a			namost af working l	(Give kind of wark dane it ven if refired) MARKE	10b. KIND	OF BUSINESS OR VECKER	1. BIRTHPLACE (County	y & Stote, ar fareign Mary		12. CITIZEN OF COUNTRY?	
certifico	ling physic Then ple removal,		13.	HAR!	ES E. C	Colhi	US	HARY E.		CKET	+	
death	ar ar		IS. (Ye	WAS DECEASED EVER s, no, of unknown)	R IN U.S. ARMED FOR CES? (If yes give wor or dotes af ser	16. 500 219-	12-3630 MR	NFORMANT /	WBEYE	RLEIN	JR.	#2
hat the	<u> </u>				ATH (Enter anly ane cause p H WAS CAUSED BY: IMMEDIATE CAUSE (o) _	per line for (o),	(b), ond (c).)	gna	ermod	loans		ERVAL BETWEEN ISET AND DEATH
uires fl	signed by the burial-transit burial, cremat			Conditions, if any,		-	mela	dases				
aw required	been si the b			stoting the under last.	lying cause DUE 10							
I: The	icate has far use as Health pri		CATION	PART II. OTHER SIG	INIFICANT CONDITIONS CONTI		DEATH BUT NOT RELATED TO					WAS AUTOPSY PERFORMED? YES NO
rSICIAN	-	0	L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH		IBE HOW INJURY OCCURRED.					
VG PHY	er this certi e detached ate Dept. a		MEDICAL	20c. TIME OF INJU Haur o.m p.m	10	2Dd. INJUI While of wark		CE OF INJURY (Home, formary, street, affice bldg., etc.		y ar tawn)	(County)	(State)
TENDII	R: Aft old b	60 (1) 22:33	1	saw the de	eceased alive an F	eb. 22	the deceased fram	t death accurred at	19, ta_ <u>F</u> tM, fro 2:05_AM	om causes and	an the dat	hat (I) (we)dast te stated abave.
OR ATTENI	DIRE Je 3 Jed w	1		220. SIGNATURE	o has. K	190	alialo MI	ATTENDING	MED. DIRECTOR	CTACC	22b. DATE SIGN 2-22	0 /
TO HOSPITAL Page 4 may	director, page shauld be filed		00	NAME (Type)	Stephen B.		pidle, M.D.	121 Cathe				
TO HO	TO FUNER director, shauld by	2	E	BURIAL, CREMATIO	2-24-6	66	HILLCRES ADDRESS	st	D BY REGISTRAR	DA POLIS	(Caunty	MDo
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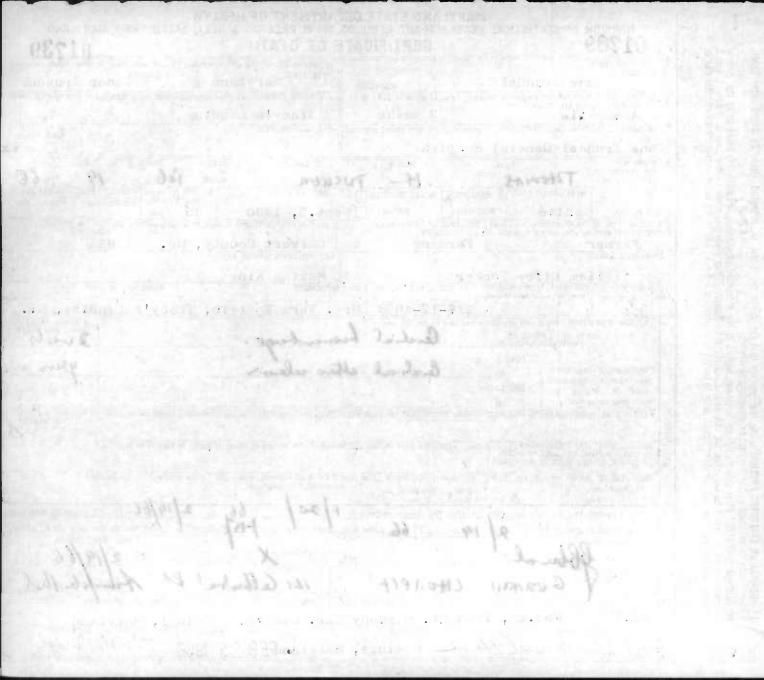
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE	
Anne Arundel MARYLAND	Maryland Ann	ne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Annapolis 2 weeks	Tracy's Landing	1-2-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM?
Anne Arundel General Hospital		YES NO NO NO
3. NAME DF DECEASED (Type or print) DeceaseD (Type or print) DeceaseD	CUEN A. DATE Month OF DEATH Jeb	Oay Year 1966.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER	
Male White WIDOWED DIVORCED S	last birthday) Months 85 yrs.	Oays Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR		ITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	CO	OUNTRY?
Farmer Farming	Calvert County, Md. HS	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Riley Tucker	Martha King	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	77 - 73 - 4 - 1 - 73 - 4 - 7	31 343
	s. Vera Epstein, Tracy's Lar	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Level Le	renewbergs.	2 weeks
331X DUE TO		
Cenditions, If any, which) (b) Cerchical al	tres relains	yeers.
gave rise to Immediate		
cause (a), stating the DUE TO		
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATCD TO THE TERMINAL DISEASE COMPLETION OF WENT IN DART 1/o/	119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELE	(1ED TO THE TERMINAL DISEASE CONDITION GIAEN IN PART 1(9)	PERFORMED?
		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELEASE 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLA Hour a.m. 19 While Not While 19 19 19 19 19 19 19 1	URRED. (Enter nature of Injury In Part I or Part II of Item 18	.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm, 2Df. (City or town) (Cou	unty) (State)
Hour a.m. While Not While facto	ory, street, office bldg., etc.)	
E p.m. 19 at work at work	1001	
21. I certify that (I) (this hospital) attended the deceased from	1/20 , 1966, to 2/19/06, 19	, that (I) (we) last
saw the deceased alive on Q 19 1966, and that	t death occurred at 15 M, from the causes and on t	he date stated above.
22a. SIGNATURE		ATE SIGNED
let Mural M.	D. ATTENDING MED. STAFF DIRECTOR PHYS. 2	19/66.
22c. PHYSICIAN'S	1 22d. ADDRESS	1
NAME (Tyle) GERAMII CHUNPIT	121 Calberra & Arm	refole that
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or con	ounty) (State)
Burial Feb. 22, 1966 Mt. Harmony	Chr. Cemetery Owings, Mary	land
24./ FUNERAL DIRECTOR / ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
Hitchins tuneral Home Owings,	Maryland FR 23 1966 Achiant	es Judge
I V LA A LANGE / NOT TO A TANK OF		V // //

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pusician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending Mysician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01790			CERTIFICAT	TE OF DEATI	H		01	740	
PLACE OF DEAT a. CDUNTY b. CITY OR TOW write BURAL	Anne Arui	limits. I	MARYLAND c. LENGTH OF STAY IN 15	2. USUAL RESIDEN a. STATE Mar c. CITY DR TOWN (I	yland	b. COUNTY	Anne	Arunde	1
Annap	olis		5 hrs.		brills		0	2 -1	
	el General		spital, give street address		erwood	Road		ON A FA	
3. NAME DF DECEASED	Fire	st	Middle	Last	4. DATE	Month	Da		
(Type or print)	Iva		Pearl	TURNER	DF DEATH	Februar	y 2	19 6	6
5. SEX Female	White	WIDOWED [NEVER MARRIED DIVORCED	8. DATE OF BIRTH Dec. 9. 190	2 9.	AGE (In years IF last birthday) M 63 yrs.	UNDER 1 YEA onths Days		24 HRS Min.
during most of work	TION (Give kind of work d king life, even If retired Owner		ND OF BUSINESS OR DUSTRY armer	11. BIRTHPLACE (C		or foreign country)	12. CITIZEI COUNTE		
John H. 15. WAS DECEASED		CES? 16. S	COCIAL SECURITY ND. 17	14. MOTHER'S MAI Mg	DEN NAME				
PART I. DI	immediate (a) <i>C</i> (17-22-0325 C] ne for (a), (b), and (c).1	THEON.	The Park Co	same a	I INT	ERVAL BETV	
20a. ACCIDENT DR CONTRIBUT (IF EITHER, NO	se last.	OS CONTRIBUT	TING TO DEATH BUT NOT REI				Υ	PERFORM	
20c. TIME OF Hour a.r		ear 20d. IN While at work	Not While fac	ACE OF INJURY (Home, f tory, street, office bldg., c	arm, 20f. (0	Olty or town)	(County)	(Sta	ate)
21. I certif saw the de 22a. signatu 22c. PHYSICIA NAME (T	ty that (I) (but closed ceased alive on the company of the company	Feb. 2	d the deceased from 19 66, and the M.D.	at death occurred at 3: .o. ATTENDING X PHYS. 22d. ADDRESS 73 Frank	M, from 30 PM MED. DIRECTOR L	STAFF PHYS. Annapol	d on the da 22b. DATES 23, Md	te stated a	
23a. BURIAL, CREM REMOVAL (60) BURIAL 24. FUNERAL DIRE Hopping F	CTOR Berule	66 Hop	23c. NAME OF CEMETER Glen Haven C ADDRESS Dolls. Md.	emetery	Gle	ATION (City, town n Burnie 17 Page 125b. REG)			te)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending president and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleas, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF S	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1. MARYLANI
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-	_	AA		MARY	/LAND	2. USUAL RES a. STATE	Md.		d lived, If ins b. COUN		Residence	before ad	mission)
	Write RURAL Bre	/N (If outside corpora and give nearest tow ooklyn Pk.	n)	c. LENGTH DF STA		c. CITY OR TOV	VN (If out		te Ilmits, wr	ite RURA	L and giv	ne neares	t town)
	d. NAME OF HO	SPITAL OR INSTITUTION		4	address)	d. STREET ADD					6	ON A F	
			Matther			2237	Plan	ey Ave	•			YES 🗌	ND I
3.	NAME OF DECEASED		rst	Middle		Last	4.	OF	Month	1	Day	Yea	
5.	(Type or print) SEX	6. COLOR DR RACE	1dred	L.	1 4	ner	Н	DEATH	E (In years)	IEIINDE	15	19 6	and the same of th
	F	WHITE	WIDOWED	DIVORCE	0	May 10,		65		Months	Days	Hours	Min.
lOa	ing most of work House	FION (Give kind of work ling life, even if retire WIIE	done 10b. K	IND OF BUSINESS DI NDUSTRY	R	Md •	CE (Count	y & State, or f	oreign country	12. 0	OUNTRY	OF WHAT	
13.	FATHER'S NAM	IE .				14. MOTHER'S	MAIDEN						
		Charles T					Blanc	h Ru	ssell				
15 (Ye	. WAS DECEASED s, no, or unkown)	EVER IN U.S. ARMED FD (If yes give war or dates o	RCES? 16. f service)	SOCIAL SECURITY NO	0. 17.	INFORMANT Fa	mily		Addres	me			
N	Conditions, If gave rise to cause (a), s underlying cause	Immediate tating the se last.	(a) General (b) Care (c)	eralized Me	etast right	breast					6/		DEATH
FICALIO		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO								MED?			
CERI	20a. ACCIDENT OR CONTRIBUT (IF EITHER, ND	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)											
MEDICAL	20c. TIME OF Hour a.r p.		Year 20d. I While at worl	Not While	20e. PLAC factor	CE OF INJURY (Ho y, street, office bi	me, farm, dg., etc.)	20f. (City	or town)	(Co	unty)	(S	tate)
		AN'S Compa				death occurred ATTENDING PHYS. 22d. ADDRE	at2:3	A .	15/66 the causes	and on	the date pare significant the date significant the	e stated ENED	ek last above.
23a	BENOYAL ISP	eclfy) 2/17/	HEREOF	Cedar Hi	73	OR CREMATORY		23d. LOCAT	25.	Ma.		(Sta	ate)
24	McCully	Funeral Hm	. 237 1	atapsco A	ve.	25a.	=0.4	7 196	R 25b. RI	ravla			

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	.by	2227 -Ldeny	.ays available	
15 66			Section	
	63	9091 101 AAA		STITE COLUMN TO STATE OF STREET
			Tox son	
		Pally		C
3/0/9-		amortonal attacks	July San Francisco	
		Li denant da	In the employed	
	93/21/4	AC: 2 are 2 are	6/15/16 BIN 1/8/	
73/36				

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please can be papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01/34			CERTIFICAT	E UF DEATH			157	42	
1.	PLACE OF DEAT a. COUNTY AA	Н		MARYLANO	2. USUAL RESIDENCE a. STATE Maryla	CE (Where deceased lived, If Instinction b. COUNT		sidence	before ad	mission)
	b. CITY DR TOW	VN (if outside corporate and give nearest town	limits,	c. LENGTH DF STAY IN 1b		outside corporate limits, writ	e RURAL a	nd give	neares	t town)
	Fern				Rural - F	erndale		02	-1	
	d. NAME OF HO	SPITAL OR INSTITUTION	(if not in h	ospital, give street address)	d. STREET ADDRESS			θ.	IS RESI	
		Arundel Hos	- de		Oakwood			YES ND		
3.	NAME DF DECEASED (Type or print)	Gerald	st	Middle E	Vogen	4. DATE Month DF DEATH	8	Day 20	Yea 194	15
5.	SEX		7. MARRIED	NEVER MARRIED	B. OATE OF BIRTH	9. AGE (In years I		YEAR I		
	M WIOOWED DIVORCEO 7 2-21-27 last birthday) Months								Hours	Min.
10a dur	ing most of work	TION (Give kind of work d king life, even if retired) _ 1	(IND DF BUSINESS OR NDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CIT	IZEN O	F WHAT	
12	Laborer		re	rndale Tavern	Cookston,		U.	S.A		
13,	FATHER'S NAM	1E			14. MOTHER'S MAIC	DEN NAME				
	Segmore	Vagan			Mabel Be	rg				
15	. WAS DECEASED	EVER IN U.S. ARMED FOR (If yes give war or dates of	CES? 16.	SDCIAL SECURITY NO. 17.	INFORMANT	Address				
,,,	Yes	WW 11		Inknown	Patient					
			cause per l	ine for (a), (b), and (c).]	1		1	INTER	VAL BET	WEEN
		EATH WAS CAUSED BY:	11	VIENIXU OLA	Blingon	Varices		ONSE	T AND D	EATH
14	E01	IMMEDIATE CAUSE (a) _ / 37	murry asi	Mujer	1 and		-	1	
	3 × 10	DUE T	0	Lill toler	11,111				(
	Conditions, If gave rise to		b)	Mischery	Luca					
	cause (a), stating the DUE TD									
_	underlying cause last. (c)									
5	PART II. OTHER:	SIGNIFICANT CONDITION	NS CONTRIBI	UTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL D	DISEASE CONDITION GIVEN IN P.	ART 1(a)		WAS AU	
CA	Vil	Muduals	- 74	Idstiller	0021			PERFORMED?		
느	20a. ACCIDENT	WAS UNDERLYING	20b.	OESCRIBE HOW INJURY OCCU		Injury in Part I or Part II of	Item 18.)	1		
CERTIFICATION	OR CONTRIBUT	ING CAUSE OF DEATH TIFY MEDICAL EXAMIN	H ER)							
		INJURY Month, Day, Y		NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or town)	(Coun	tu)	18	tate)
MEDICAL	Hour a.i		While	facto	ry, street, office bldg., e		(COUIT	197	(3)	(atc)
Æ	р.	m. 19	at wor							
	21. I certif	fy that (I) (this hospi	tal) attend	ed the deceased from	2-19,1	966, to 2-20	, 1966	2, tha	(II) (W	e) last
	saw the de	ceased alive on	-10	1966, and that	death occurred at 4	AM, from the causes a	nd on the	e date	stated	above.
	22a. SIGNATU	RE O O III	11-7	2 1			22b. DA1	TE SIGN	NED	
	CNU	CEUS 18:191	170 /	0114/4 M.C		MED. DIRECTOR PHYS.	2-	20	66	
22c. PHYSICIAN'S NAME (Type) Charles R MacDonald 22d. ADDRESS										
	(AVIALE (1)	charles	R. Mac	Donald	gay crac	u Muy. MILLION	ener	THUY		
23a	BURIAL, CREM	ATION, 23b. DATE TH	TEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LDCATION (City, tow	n or coun	ity)	(Sta	ate)
	Remova	a1 2/21/66		Superior Cer	netery	Superior, Wis	ss.			
24			1217	St PARESS St/	25a. REC		GISTRAR'S	SIGNA	TURE	
W	n. Cook-	Brooks Inc.	Raltin	more, Maryland	DETER	23 1956 / 204	arles	Jus	40	
			Darri	nore, mary tallu	DRIE	M ((() () ()		1	4	-

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1179	R		CERTIFICAT	E OF DEATH	10 IST			01	74:	}
1.	PLACE DF DEA a. COUNTY	TH			2. USUAL RESIDENCE 8. STATE	E (Where deceased li	ved, If insti		sidence	before ad	mission)
	Anne	Arundel		MARYLAND	Md			Anne	Am	inde]	
		WN (if outside corpor L and give nearest to	ate limits, own)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate	limits, writ	e RURAL a	and glv	neares	t town)
-		Burnie OSPITAL OR INSTITUT	ION (If not in t	3 hrs.	d. STREET ADDRESS	iera Beacl	h		l e.	IS RES	IDFNCF
		rundel Gen		and the second s		220 Doze	dana	163		ON A F	
3.	NAME DF DECEASED		First	Middle	Rt. 10 Box	4. DATE	Month	MA	Day	Yea	
	(Type or print)		RANK	R.	VOLNEY	DF DEATH	Febr	ruary	27	196	56
5.	SEX	6. COLOR OR RACI	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. ACE (In years I	FUNDER 1	YEAR	F UNDER Hours	24 HRS.
10	Male	White	WIDOWED		Sept. 6,189	1 74	yrs.				Willit.
iur	ing most of wor	ATION (Give kind of working life, even if retir	ed) I	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co		ign country)	12. CIT	JNTRY?		
12	R R R	Engineer	B.	& O. R. R.	Czechos				U,	S.	
13.	LAINER S NA	INIE			14. MOTHER'S MAID						
15.	WAS DECEASED	- Volney DEVERINUS, ARMEDI	OPCES? 16	. SOCIAL SECURITY NO. 17.	Johann	a Hayofsk	Address				
	s, no, or unkown)	(If yes give war or date				W 17.7	,				
1	NO 18 CAUSE DE	F DEATH (Enter only o	ne cause ner	line for (a), (b), and (c).]	. Margaret	m. vorney	(sar	ne)	INTER	VAL BET	TWEEN
1		DEATH WAS CAUSED E IMMEDIATE CAUS		ine for (a), (b), and (c).	Lilen				ONSE	T AND D	EATH
	422	1		v corp(JIM .) ()					
	Conditions, If		(b)	cleveli	Cercli	do Ucs	ul	- 11	6.0	en (0
	gave rise to cause (a),		E TO						200		
	underlying cau	use last.	(c)								
5	PART II. OTHER	SICHIFICANT CONDIT	IONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASECONDITION	CIVEN IN P	ART 1(a)	19.	WAS AU	
2	a	11091	my						YES		NO 🔲 -
CERT	OR CONTRIBUT	T WAS UNDERLYING T TING CAUSE OF DE OTIFY MEOICAL EXAM	ATH INER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury In Part I or	Part II of	Item 18.)			
Z E		INJURY Month, Day	, Year 2Dd.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or	town)	(Coun	ty)	(S	tate)
MED	Hour a	.m. 19	While at wor	LINGT AAIITIES LINE	ry, street, office bldg., et	(C.)	1	100	7		
	21. I cert	Ify that (I) (this ho	spital) attend	led the deceased from	2/27,19	065 to	2/27	, 1926	2, tha	t (I) (w	e) last
		eceased alive on	1/2-	7 19 9, and that	death occurred at	D. M, from the	causes a				above.
	22a SIGNATI	URE			ATTENDING -	MED STA	AFF _	22b. DA			
	22c. PHYSICI	IAN'S	res	M.D.	PHYS C	DIRECTOR PHY	rs.	Feb	. 28	3, 19	166_
i	NAME (Type) Febus G	runberg	. M.D.		ton Rd.,	Odento	on, M	ary]	land	
23a.	BURIAL, CRE	MATION. 23b. DATE	~	23c. NAME OF CEMETERY		23d. LOCATION					ate)
	REMOVAL (SI	Mardh	2,1966	Holy Cross (lemeterv	Ritchie	Hgwy 250 KE	. A .	A.Co	1	Wd
	FUNERAL DIR	RECTOR			11/10	D BY RECISTRAR	250 E		/3	A -	
(George	J. Gonce -	4001 Ri	tchie Hgwy B	alto bate	3 1966	1	reles	Jus	1	

George J. Gonce - 4001 Ritchie Hgwy. - Balto.

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The state of the s Anna Arradel dead make the control and the Antennal Concern. TE THE PARTY IN TH alternative of the second seco I whomas across of in singeth winey (une) The replaces with the little abendance and contains a disthe billion of the state of the

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please it move carbon papers. Pages 1 and 3 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after feath.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01794 CERTIFICATE OF DEATH

	01003	CERTIFICAT	E OF DEAT	11		11116	44	
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDE	NCE (Where deceased I	lived, If Institution: F	lesidence b	efore adm	nission)
	Anne Arundel	MARYLANO	a. SIAIC	MA	A A			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN ((If outside corporate	limits, write RURAL	and give	nearest	town)
	Severn	65 yrs.	Severn			02	IS RESI	DENCE
	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRES	.5		0.	ON A FA	ARM?
	Residence - New Cut		Resider				s 🔀 1	
3.	NAME OF First DECASED	Middle	Last	4. DATE OF DEATH	Month Feb.	Day	Year	
5	(Type or print) Catherine	R.	Wade 8. OATE OF BIRTH		(In years IFUNDER	23	19 6	,
	7. WARKIE	O NEVER MARRIEO		last	birthday) Months		Hours	MIn.
	Female White widowe	1	Sept. 3,	1882 83	yrs.			
dui	ring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		(County & State, or fore		ITIZEN OF OUNTRY?	WHAT	
	Housewife	Own Home	Pasade		T.	ISA		
13	. FATHER'S NAME		14. MOTHER'S MA	NOEN NAME				
	Thomas E. Duvall		I	Patience	Todd			
	es. no. or unknown) (If you nive war or dates of service)		. INFORMANT		Address			
``	No 2	18-36-3389 M	rs Ruth So	chillinge	r. same	as 2		
	18. CAUSE DF DEATH [Enter only one cause pe					INTERV	AL BET	WEEN
	PART I. DEATH WAS CAUSED BY:	rebral Vascula	am Assidant			ONSET	AND D	EATH
	1/1/2 1	Tebrar vascure	ar Accident					
	Conditions, If any, which) (b) Cerebral thrombosis							
	gave rise to immediate							
cause (a), stating the \ DUE TO Hypertensive Cardiovascular disease.								
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	DUTING TO DEATH BUT NOT BE	ATED TO THE TERMINA	I DIOPAGE CONDITION	NCIVEN IN DART 1(a)	119. V	VAS AUT	TOPCY
ATIC		BUTING TO DEATH BUT NOT KE	LATED TO THE TERMINA	L DISEASE CONDITION	TGIVEN IN PART 1(a)		ERFOR	MED?
은	Obesity 20a. ACCIDENT WAS UNDERLYING 20b.	OFCODING HOW IN HIDY OO	OUDDED (Fator moture)	of Inform In Dort I o	n Dant II of Itom 15		Ц.	ио 🔀
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		JURKED. (Enter nature	or injury in Part 1 o.	t Lair ii ot iram To	1-)		
		No injury. INJURY OCCURRED 200. PL	ACE OF INIURY (Home.	farm, 20f. (City o	r town) (Co	unty)	(S	tate)
MEDICAL	Hour a.m. Whi	le - Not While - fact	tory, street, office bldg.	, etc.)				
	21. I certify that (I) (this hospital) atter	Carrier I	2-25	19.63, to 2	-23 19	66 that	t (I) (w	e) last
	saw the deceased alive on 2-24	1966 and th	at death occurred at	4.01 TR/flofn th	e causes and on t			
	22a. SIGNATURE A	1 and the	at ucatii occorreu at	Car Secretify to date till		DATE SIGN		45000
	ATTENDING MED. STAFF 2 2 25 1000							
2	22c. PHYSICIAN'S	III	D. PHYS. 22d. ADDRESS	DIRECTOR C	113.	33-17	00	
	NAME (Type) Albert F. C	ooper. M. D.	206 Cr	rain High	way. Gle	n Bu	rnie	
23:		23c. NAME OF CEMETER			ON (City, town or co		(Sta	
	Burial 2/26/66					73 O-	0.0	
24	FUNERAL OIRECTOR	Cedar Hi	11 Cemeter	REC'D BY REGISTRAR	1 25b. REGISTRAR	'S SIGNA	TURE 5	-
K	irkley Funeral Home,		Md. E	B 2 8 1968	Milianel	en Que	del	
			A - DATE TO	THE PARTY OF THE P	4 //	V A	- 4	

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STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) ral director. Page d for your files. Board of Health, a. COUNTY rance MARYLAND 1110 b. CITY OR TOWN (if outside corporate limits, OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) State Board NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2, and 3 to the funers 5 may be retained 4 2 with may be retained YES NO X NAME OF death. DATE Month DECEASED OF (Type or print) DEATH 1966 after AGE (In years | IF UNDER 1 YEAR SEX 6. COLOR OR RACE IF UNDER 24 HRS. NEVER MARRIED 8. DATE OF BIRTH 9. last birthdey) Months Devs Hours Min. WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTIPLACE (State or 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If retired on 13. FATHER'S NAME V iii lease execute the certificate, writing the word "pending" in pencil in Item 18. Give P. Office along with form PM burial-transit permit. File pa moval, and in any event wi WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (Ifyesgive werordetes of service) This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED & IMMEDIATE CAUSE removal, Conditions, if any, which (b) geve rise to immediate cause 10 Medical Examiner's DUE TO 88 (a), steting the underlying 0 cause last. pesa cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)| 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200 NO A plnods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAL EXAMINER: burial, CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 0 While Not While Hour a.m. at work at work prior 19 D.m. 21. I certify that I jook charge of the remains described above, held an Autopsy Inspection and in my opinion ateral causes Accident Suicide Homicide Undetermined manner death resulted from CHIEF MEDICAL EXAMINER designated ACTUAL PATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY EXAMINER'S NAME (Type) Address (Street, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22d. LOCATION (City, town, or country its REMOVAL (Specify) TO ₹40 9 uria FUNERAL DIRECTOR REC'D BY REGISTRAR4 REGISTRAR 24b. VS. A15ME 5M 7/59

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executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10	01796 CERTIFICAT	E OF DEATH	01746						
	1. PLACE OF DEATH a. CDUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission, a. STATE b. COUNTY							
	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)							
	Crownsville	Baltimore. Maryland	30-4						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE						
0	Crownsville State Hospital	1920 Madison Ave.	ON A FARM?						
	3. NAME OF First Middle	Last 4. DATE Month	Day Year 14 19 66						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	8. DATE OF SIRTH 1/22/1898 9. AGE (in years IFUNDER last birthday) 68 vrs.							
-11	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Utility-Signal Proof	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT						
	Utility-Signal Pepot	14. MOTHER'S MAIDEN NAME							
1	Robert Washington	Katie Washington							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address							
	YES WW # 1	Hospital Records							
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: Myocardial Info	arction	ONSET AND DEATH						
	420/ DIE TO								
	Conditions, if any, which Arteriosclerotic Cardio-Vascular Disease								
	cause (a), stating the underlying cause last.								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		19. WAS AUTDPSY						
	১ Schizophrenic – Undifferenti:	Schizophrenic - Undifferentiated Type YES NO							
- 1	G ON TRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.							
	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor 20m. Not While 20m. PLAN factor 20m. PLAN	CE DF INJURY (Home, farm, ry, street, office bldg., etc.) (City or town) (Court, street, office bldg., etc.)	nty) (State)						
3	21. I certify that (I) (this hospital) attended the deceased from	11/10/ , 19 ⁵⁴ to 2/14/ , 19 ⁶⁶	that (I) (we) las						
1		t death occurred at 12:5%, from the causes and on the	e date stated above						
	22a. SIGNATURE	ATTENDING MED CTAFE /3	TE SIGNED						
	Mullelle M.D	DIRECTOR PHYS.	4/66						
	22c. PHYSICIAN'S NAME (Type) L. Benedict, M. D.	22d. ADDRESS							
	23a. BURIAL, CRÉMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d LOCATION (City, town or cou	nty) (State)						
	1341/14L 12-23-66 124-TO, NATI	could BALto, ma	-8						
	24. FUNERAL DIRECTOR ADDRESS		SIGNATURE						
7	Markell W. Jones In 1735 HAR FORN AL	LE. DATE FEB 21 1966 Million	les Judge						

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THE PROPERTY AND ADDRESS OF THE PARTY AND ADDR Constitution of the Consti 1/22/18)5 The state of the s stated fellow and the second of property of the control of P. L. Genetics, 7. D. and the state of the state of the state of the MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 01797 the funeral and ages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel filled in by the fune in papers. Pages 1 c vithin 72 haurs after d Marvland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Galesville 3 days Annapolis e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Box-52 Anne Arundel General Hospital YES NO X Middle 4. DATE 3. NAME OF Month Year UDQ Lost DECEASED WHITE 19 66 Pauline Irene February DEATH (Type or print) 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours Nov. 5, 1919 Female Negro WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life oven if retired) INDUSTRY Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remayal. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), cardio vascular disease DUE TO Wears stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been etached for use as the Dept. af Health priar ta WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work ot work , 1966, to Feb. 25 , 1966 that (1) (week last M, fram causes and an the date stated abave. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR ATTENDING STAFF M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Shady Side, Md. Willard F. Smith, M.D. NAME (Type) NAME OF CEMETERY OR CREMATORY 23 COCATION (City or Town) (County) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR ADDRESS 20 M 1/66

The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

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	Nov. 5, 1949, And Andrewson an		O'T
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\$ 1030	cartioussular disease	Hypotensive	
			Terestand

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)

RURAL and give nearest tawn)

12. CITIZEN OF WHAT COUNTRY?

Taylor St. N.E.

1000 e IS RESIDENCE ON A FARM? YES NO

> Year 1966

IF UNDER 24 HRS.

Haurs

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

and in my apinian

22. DATE SIGNED

(Stote)

NO X

(State) MI

FOR STATE HEALTH DERI

any delay is

CAL EXAMINER: This certificate should be executed within 24 hours after death. If

necessary, please execute the certificate, writing the ward "pending"

TO DEPUTY ME

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PLACE OF DEATH

in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examines office along with form

to t		O. COUNTY ANNE. ARUNG	DEL - MARY	LAND O. STATE MAR	9/2Nd 6.00	NTY AACO
nent	3	 b. CITY OR TOWN (If autside carparate limit write RURAL and give nearest tawn) 	ts, c. LENGTH OF STAY I		tside carparate limits, write RU	
ortn		13 pipic kula Ha 14 · GI.I	N BURNIE		er-Edge wa	fer. 02
S o	3	d. NAME OF HOSPITAL OR INSTITUTION (IF		d. STREET AODRESS		e 15
ite l	94	D.O. A- ANNE - ARUN	del. gen. Nosp.	R1.2-Bo	x15C	YES
with the State Deportment of within 72 haurs after death	4	3. NAME OF DECEASED (Type or print)	irst Middle	4/1// sus	4. DATE Man OF DEATH	th Oay
2 with		S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		9. AGE (In years last birthday) 83 yrs.	IF UNDER 1 YEAR IF Manths Days H
ony event		Oa. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WI
pod ui		Heusewife - Ret.	At Heme	14. MOTHER'S MAJOEN	ten, D. C.	U.S.A.
Dd .c					IAME	
File		Robert Smith 1s. WAS DECEASED EVER IN U.S. ARMED FORCES:	16. SOCIAL SECURITY NO.	Unknewn	Addr	ess Wash. L
ti to	5	(Yes, no, ar unknown) (If yes give war ar dates	of service)			
used as a burial-transit permit.		I ID CAUSE OF DEATH (Enter only one of	Unknown	Mr. Harry S. F	ewier, sees I	INTERV
nsit r re	2	PART I. DEATH WAS CAUSED BY:	(a) BURNS - 2Nd	Total.		ONSET
trai			(0)			
s a burial-tr	V	Canditions, if ony, which gave	(b)			Just
bu		rise to immediate cause (a),	TO			
D SC		stoting the underlying cause	(c)			
used as		PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CON	OITION GIVEN IN PART I(a)	19. WA
US P		200. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING CAUSE OF DEATH				PER YES [
l be	. 0	20a. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OF	CURREO. (Enter nature of injury in I	Part I ar Part II of item 18.)	713 [
TO FUNERAL DIRECTOR: Page 3 shauld Health or its designated agent, prior			House Tire		,	
3 54		20c. TIME OF INJURY Month, Day, Yeor Haur a.m.	20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm		(County)
ge	02	Haur a.m. 2/1~ 19	6C While Nat While At work	factory, street, office bldg., etc.)		A.A.CO
P. P.	3	21. I certify that I taak charg			Inspection Ing	uiry ond in
2			al causes , Accident			. —
REC		003		CHIEF MEDICAL		
Is of		SIGNATURE Kuchas	ch	M.D. ASSISTANT MED	CAL EXAMINER	22.
RA	2	EXAMINER'S	1 1/	DEPUTY MEDICA	L EXAMINER	2/12
S E			MARCY		, city, tawn, ar county)	
Hec	0	23a. BURIAL TRANSPORT, 23b. DATE TH		TERY OF THE PROPERTY	23d. LOCATION (City ar To	
-	B	Burial Feb. 16		n National	Suitland, M	
15ME (5	0	24. FUNERAL DIRECTOR		7 11th St., 250. REC'D	BY REGISTRAR 2Sb. RE	EGISTRAR'S SIGNATURE
A 1/66		W. W. CHAMBERS CO.	INC. S.E., Wash	DA D.C. DAEEE	1 6 1966	- corred kind

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after math. 0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1799 CERTIFICATE OF DEATH 49

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lired, If institution: Re	esidence before admission)			
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	MARYLAND ANNE ARU	NOEL			
write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	RIVERA BEACH	02-1			
d. NAME OF HOSPITAL OR INSTITUTION (IT not in nospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
NORTH ARUNDEL	140 RIVERA DRIVE RT#	6 YES NO X			
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year			
(Type or print) William L. Wilson, Jr.	WILSON DEATH FEBRUARY	19 1966			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months	Days Hours Min.			
MALE CAUC WIDOWED DIVORCED	2-19-66 yrs.	2 30			
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY		TIZEN OF WHAT UNTRY?			
		JSA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
WILLIAM IENN WILSON, Sr.	SHARON LEE KEYS	ER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)					
(11 yes give war or dates of service)	MATHER, same as 2				
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	MOTHER, Same 25 2	INTERVAL BETWEEN			
PART 1. DEATH WAS CAUSED BY:		ONSET AND DEATH			
776 X					
DUE 10	DUE 10				
gave rise to Immediate					
cause (a), stating the DUE TO underlying cause last.					
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY			
THE STATE OF THE S	TES TO THE TERMINAS SIGNAL CONSTITUTION GIVEN THE ANTI-ANTI-ANTI-ANTI-ANTI-ANTI-ANTI-ANTI-	PERFORMED?			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION	URRED, (Enter nature of injury in Part I or Part II of Item 18.)	YES NO			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ARED. (Eliter nature of injury in Part 1 of Part 11 of Item 10.)				
	OF OF INJURY (Ileans form OOK (Others have)	nty) (State)			
	ACE OF INJURY (Home, farm, 20f. (City or town) (Cour bry, street, office bidg., etc.)	ity) (State)			
21. I certify that (I) (this hospital) attended the deceased from LO	:20 AM 2-1919 66, to/:00 PM 2-97966	_, that (I) (we) last			
saw the deceased alive on 2-19-19-66, and that	t death occurred at / PM, from the causes and on th				
22a. SIGNATURE		TE SIGNED			
1 Celebrate 1 M.	D. PHYS. DIRECTOR PHYS.				
22c. PHYSIOTAN'S NAME PACCINELLI	22d. ADDRESS	24-1			
	204 Claim May olen B	uning mor.			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER					
	n Memorial Glen Burnie	, Md.			
24. FUNERAL DIRECTOR ADDRESS	n Memonia Rec'd By REGISTRAR 25b. REGISTRAR'S	SIGNATURE			
Kirkley Funeral Home, Glen Burn	nie DATEEB 23 1966 Actionle	y Judge			
6-164997	V	0			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths.

VR AI5 (4) 2DM 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	Ttem 9 11 m (57/1	- 5/7/55A		11 7511				
1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE a. STATE	(Where deceased lived, If Inst b. COUN	itution: Residence before admission)				
_	Anne Arundel County MARYLAND	Marvla	nd	V				
	Anne Arundel County b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limits, wri	te RURAL and give nearest town)				
	Crownsville		e, Maryland	30-4				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	Crownsville State Hospital	706 W. Mon		YES NO				
3.	NAME DF First Middle DECEASED #06538	Last	4. DATE Month	Day Year				
	(Type or print) #26519 Joseph Flemon	Young	DEATH 2	1 1966				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.				
		12/25/90	175 /1	Months Days Hours Min.				
1Da			inty & State, or foreign country)	12. CITIZEN OF WHAT				
dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY			COUNTRY?				
12	Plumber Helper	Virgini		USA				
13.		14. MOTHER'S MAIDE	N NAME					
	Willie Young	Jane						
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 4, po, or unkown) (If yes give war or dates of service)	INFORMANT	Address	3				
	Yes WWI	Hospital R	ecords					
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN				
	PART I, DEATH WAS CAUSED BY: ONSET AND DEATH							
	11-2-1							
	Conditions, If any, which) Amputation of right leg							
	conditions, in any, wilding (b)							
	cause (a), stating the DUE TO Arterioslerotic	Capanan	micht les					
	underlying cause last. (c)	_	2					
10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN P	PART 1(a) 119. WAS AUTOPSY PERFORMED?				
CAI	Myocardial Ischaemia - Hypertensiy	e Ofterioer	lorotic Cardi					
Myocardial Ischaemia - Hypertensive ERteriosclerotic Cardiovascusar ND 2 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)								
MEDICAL CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCUPY OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
CAL		E OF INJURY (Home, fare	m, 2Df. (City or town)	(County) (State)				
8	Willie - Not Wille -	y, street, office bldg., etc		11 -				
2		19/0/65	Crownsvi					
	The state of the till tens hospital actorides till accorded total	12/9/65 , 19	15 to 4/1/					
	saw the doceased alive on 12/1/ 19 55, and that	death occurred at2:	dM, from the causes a	and on the date stated above.				
	22a. SIRIVATURE	ATTENDING M	ED. STAFF PHYS.	22b. DATE SIGNED				
	WWW MOUNT 17D M.D.	2/1/66						
	22c. RHYSICIAN'S NAME (Type)	22d. ADDRESS						
	Lionel McHenry Mapp, M.D.	Crownsvil	<u>le State Mosp</u>	oital				
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	wn or county) (State)				
1	REMOVAL (Specify) 2-23-66 Baltimo	w national	Baltim	no made				
24	24. FUNERAL DIRECTOR ADDRESS 3 25a. REC'D BY REGISTRAP 26b. RECISTRAP SIGNATURE							
	MARI 1800 F							
<u> </u>	Turney 10 mogres	SINC DATE	ellus.	ion reta, Judges				

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carrow carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

									0 === 8	
	LACE OF DEATH	1				2. USUAL RESIDENCE	(Where decease		n: Residence before	admission)
a	Hoos	e ARUNA	lei	MARYLA	ND	a. STATE	201	b. COUNTY	E Arund	tol
b	. CITY OR TOW	N (If outside corporate	e limits,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o	utside corpora	te Ilmits, write RUI	RAL and give near	est town)
	18 .	and give nearest town	n)	1 day		Glen	Buenis		02	1
ſ			N (if not in h	ospital, give street add	ress)	d. STREET ADDRESS	- 11/4- 11/1			SIDENCE
	1/20	1. 1.		, and an activation		206 301	role his	en Ana	ON A	FARM?
0	MOR	th Irrund		2000					YES	NO 🔀
D	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Month		ear
(Type or print)	20.	seph	C.		2170	DEATH	ALDRUNE.		CD OA UDE
5. S	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIED	8	. DATE OF BIRTH	la	E (In years IF UNI st birthday) Month	DER 1 YEAR IF UND	
	M	IV	WIOOWED	DIVORCED [10-5-01	(yrs.		
10a. l	USUAL OCCUPAT	ION (Give kind of work of life, even if retired	one 10b. K	INO OF BUSINESS OR		11. BIRTHPLACE (Cou			COUNTRY?	\T
	Barber		_	rber Shop		Baltimor	ee, MA	Kyland.	U.S.	
13.	FATHER'S NAM			0.100	1	14. MOTHER'S MAIDE				
	Santo	Zito				Maria Gu	gliuzza			
15. V	WAS DECEASED I	EVER IN U.S. ARMEO FOI	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Address	- 44-1-1-1-1-1	
(162)	No No	(11 Les Bise wat of Carez of	21	.8-32-4391	Mrs	s. Agnes Zit	0-206 S	andsbury .	Ave., Glen	Burni
1 1	18. CAUSE OF I	DEATH [Enter only one	cause per	ine for (a), (b), and (c).	1	. 1	01	4	INTERVAL B	
		ATH WAS CAUSED BY:	4	certo m	's A/	andial .	erofa	ction	ONSET AND	Bus
	420	IMMEDIATE CAUSE	45		3	1- 11	(X)			- particular -
	Conditions Is any which !					Tin Long +	-Dis	laro	15%	ne
1 8	gave rise to immediate				V	and the	1007		-	
1	cause (a), st	tating the DUE								
	underlying caus		(c)	ITING TO DESTRUCTION	TDELAT	TED TO THE TERMINAL DI	SEASECONDIT	ON GIVEN IN PART	1(a) 119. WAS /	UTOPSY
ATIC	ARTH. UTHERS	TORIT IONIST CONOTTIC	MOONTHIBE	JAMES TO GENTH BUT NO	A RELA.	LO TO THE TERMINAL DI	OCUSE COMPIT	OU GIVEN IN PART	PERFO	RMEO?
FIC	20 - 200:0	Was III	1 001	OCCODING VOICE	0000	DEO (5-4	Inlete: I- P.	or Bort II of II.	YES	NO 🗌
CERTIFICATION	ZUA. ACCIOENT OR CONTRIBUTI (IF EITHER, NO	WAS UNCERLYING TING CAUSE OF CEAT TIFY MECICAL EXAMIN	TH	UESCRIBE HOW INJURY	OCCU	RREO. (Enter nature of	mjury in Part	or part II of Item	16.)	
	20c. TIME OF	INJURY Month, Day,	Year 20d. I	NJURY OCCURRED 200		E OF INJURY (Home, far		y or town)	(County)	(State)
MEDICAL	Hour a.n		While	Not While	ractor	y, street, office bldg., etc	c.)			
Σ -	p.r		at wor		-	1963	An 9	-/3 1	Olalo that (1)	(voc) last
			2 - (3	ed the deceased from	d that	death occurred at	M from	the causes and o	n the date etate	d above
-	22a. SIGNATUR	ceased alive on	11	13G , and	u tiiat	ueath occurren atta	IN, IIVIII	22b	. DATE SIGNED	
	14.4	hat Tu	KM.	ly	11.0		IED.	STAFF PHYS.	2-13-6	56
-	22c, PHYSICIA	IN'S	-	1/1	M.D.	PHYS. D	INECTOR [
	NAME (T)		1.0	DERLI	491	(A)				
23a.	BURIAL, CREM	MATION, 23b. DATE 1	HEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d. LOCA	rion (City, town or	county) (State)
	Burial		966	New Cathed	ral	Cemeterr	Balti	more, Mar	yland	
	FUNERAL DIRE	ECTOR		MODILEGO		Loui IILo		AR 25b. REGISTI	RAR'S SIGNATURE	
Ge	George J. Gonce, 4001 Ritchie Hgwy., Baltimore OAREEB 17 1968 Icharlas Judge									
		-								

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CAMP OF STREET, SECRETARIES TO SHEET IN THE PROPERTY AND THE RESIDENCE OF THE RESIDEN The state of the s LECT FORMER COMP FROM North bounder THE THEN YET Jane 10-3-01 Perhaps I am Perhaps the Commence of the Comme radioants, and the same of the same tend, the same tend 1 1

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server in server, had a resulte feur, the more